

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Democratic Executive Committee of Florida

ADDRESS (number and street)

201 S. Monroe

Suite 301

Tallahassee

FL

32301

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005561

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2025

through

M M M / D D D / Y Y Y Y Y Y  
07 31 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Hodge, Wes, , ,

Signature of Treasurer

Hodge, Wes, , ,

Date

M M M / D D D / Y Y Y Y Y Y  
08 21 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Democratic Executive Committee of FloridaReport Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
07		01		2025

 To: 

M M	/	D D	/	Y Y Y Y Y
07		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2025</div>		<div>265921.01</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>412718.68</div>	
(c) Total Receipts (from Line 19) .....	<div>428028.52</div>	<div>2557896.17</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>840747.20</div>	<div>2823817.18</div>
7. Total Disbursements (from Line 31).....	<div>253612.19</div>	<div>2236682.17</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>587135.01</div>	<div>587135.01</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>10000.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Democratic Executive Committee of Florida

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2025

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	46322.04	432234.54
(ii) Unitemized .....	25607.50	574285.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	71929.54	1006520.47
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5550.00	113650.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	77479.54	1120170.47
12. Transfers From Affiliated/Other Party Committees.....	17941.17	160600.60
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	21740.57
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	14319.97	136278.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	318287.84	1119105.83
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	318287.84	1119105.83
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	428028.52	2557896.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	109740.68	1438790.34

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	39935.58	288967.71
(ii) Non-Federal Share.....	152435.33	1129221.86
(b) Other Federal Operating Expenditures .....	11091.60	473047.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	203462.51	1891236.72
22. Transfers to Affiliated/Other Party Committees.....	3750.00	11250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	25.00	19047.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	25.00	24047.57
29. Other Disbursements (Including Non-Federal Donations).....	15000.00	58728.74
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	31374.68	249419.14
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	31374.68	249419.14
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	253612.19	2236682.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101176.86	1107460.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	77479.54	1120170.47
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	24047.57
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77454.54	1096122.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	51027.18	762014.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	21740.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	51027.18	740274.29

: 97 `A-G79 @5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5 HCB

Form/Schedule: F3XA  
Transaction ID :

Payments for 'Payroll,' 'Payroll Taxes' and 'Health Insurance' and 'Life Insurance' on Schedule H4 are for those individuals who did not spend more than 25% of their time during the period on activity in connection with a federal election. The prices paid for voter file purchases are established using comparable prices charged by other state party committees throughout the country on a per-record cost. The exact price paid to the Committee by each entity is determined by multiplying the per-record cost by the number of records provided in the file purchased. Funds from the Democratic National Committee, the Democratic Senatorial Campaign Committee, and the Democratic Congressional Campaign Committee were not earmarked for any particular activity with the Committee. There are limited disbursements for administrative expenses due to the fact that the Democratic Executive Committee of Florida owns their building.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Arthaud, Katherine, , ,**Mailing Address PO Box BIX  
429City  
CharlotteState  
VTZip Code  
05445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Church Of WestfordOccupation (for Individual)  
Minister

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652489**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Atwell, Judith, , ,**Mailing Address 6947 Toland Dr  
NoneCity  
MelbourneState  
FLZip Code  
32940-5926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654111**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Auer, Robert, , ,**

Mailing Address 385 Caribbean Dr

City  
Key LargoState  
FLZip Code  
33037-4343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

291.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654327**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ayee, Norma, , ,**

Mailing Address 703 N Lakeside Dr

City  
Lake WorthState  
FLZip Code  
33460-2705FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653000**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ayee, Norma, , ,**

Mailing Address 703 N Lakeside Dr

City  
Lake WorthState  
FLZip Code  
33460-2705FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654344**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ayee, Norma, , ,**

Mailing Address 703 N Lakeside Dr

City  
Lake WorthState  
FLZip Code  
33460-2705FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654378**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Baeyen, Robert, , ,**

Mailing Address 15556 Maplewood Dr

City  
SonomaState  
CAZip Code  
95476-3246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652503**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Baeyen, Robert, , ,**

Mailing Address 15556 Maplewood Dr

City  
SonomaState  
CAZip Code  
95476-3246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653855**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bailey, Laura, , ,**

Mailing Address 12498 Mount Pleasant Woods Dr

City  
JacksonvilleState  
FLZip Code  
32225-2678FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baptist Primary CareOccupation (for Individual)  
Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653244**

Amount of Each Receipt this Period

7.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

42.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bailey, Laura, , ,**

Mailing Address 12498 Mount Pleasant Woods Dr

City  
JacksonvilleState  
FLZip Code  
32225-2678FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baptist Primary CareOccupation (for Individual)  
Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653556**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bailey, Laura, , ,**

Mailing Address 12498 Mount Pleasant Woods Dr

City  
JacksonvilleState  
FLZip Code  
32225-2678FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baptist Primary CareOccupation (for Individual)  
Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653965**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bailey, Laura, , ,**

Mailing Address 12498 Mount Pleasant Woods Dr

City  
JacksonvilleState  
FLZip Code  
32225-2678FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baptist Primary CareOccupation (for Individual)  
Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654367**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bailey, Laura, , ,**

Mailing Address 12498 Mount Pleasant Woods Dr

City  
JacksonvilleState  
FLZip Code  
32225-2678FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baptist Primary CareOccupation (for Individual)  
Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654436

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bamber, Margaret, , ,**Mailing Address 1725 17Th St NW  
Apt 115City  
WashingtonState  
DCZip Code  
20009-2414FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10653931

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Banks, Susan, , ,**

Mailing Address 3835 Oak St

City  
JacksonvilleState  
FLZip Code  
32205-9322FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10654110

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bancks, Susan, , ,**

Mailing Address 3835 Oak St

City  
JacksonvilleState  
FLZip Code  
32205-9322FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654338**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BIGHAM, ROSEANNA, , ,**

Mailing Address 361 Clinton Ave

City  
BrooklynState  
NYZip Code  
11238-1175FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654169**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blanz, Larry, , ,**

Mailing Address 304 Chimney HI

City  
NashvilleState  
TNZip Code  
37221-2219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654383**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bobrow, Jane Aaron, , ,**Mailing Address 4894 W Lone Mountain Rd  
# 192City  
Las VegasState  
NVZip Code  
89130-2239FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653132**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brown, Cynthia, , ,**

Mailing Address 8215 Cameron Ln

City  
GrovelandState  
FLZip Code  
34736-8730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652532**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brown, Cynthia, , ,**

Mailing Address 8215 Cameron Ln

City  
GrovelandState  
FLZip Code  
34736-8730FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652812**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Petey, , ,**

Mailing Address 140 Park Pl

City  
BrooklynState  
NYZip Code  
11217-3303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652509**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burkland, Benjamin, , ,**

Mailing Address 941 Morrison Ave

City  
EnglewoodState  
FLZip Code  
34223-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652495**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Burkland, Benjamin, , ,**

Mailing Address 941 Morrison Ave

City  
EnglewoodState  
FLZip Code  
34223-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653856**

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Butler, Leslie, E, ,**

Mailing Address 3816 Cloverhill Ct

City  
BrandonState  
FLZip Code  
33511-7967FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10654257

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Campioni, Chris, , ,**

Mailing Address 1620 W Berwyn Ave

City  
ChicagoState  
ILZip Code  
60640-2006FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IHeart MediaOccupation (for Individual)  
Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10653164

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cardillo, Rebecca L Cardillo, , ,**

Mailing Address 829 S Delaware Ave

City  
TampaState  
FLZip Code  
33606-2914FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southern Pension ServicesOccupation (for Individual)  
Owner/Retirement Plan Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10654028

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carlson, Diane, , ,**

Mailing Address 5554 Henry Loop

City

The Villages

State

FL

Zip Code

32163-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652708**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carlson, Diane, , ,**

Mailing Address 5554 Henry Loop

City

The Villages

State

FL

Zip Code

32163-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652726**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carlson, Diane, , ,**

Mailing Address 5554 Henry Loop

City

The Villages

State

FL

Zip Code

32163-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653992**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carlson, Diane, , ,**

Mailing Address 5554 Henry Loop

City

The Villages

State

FL

Zip Code

32163-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2025

**Transaction ID : 10654245**

Amount of Each Receipt this Period

15.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carlson, Diane, , ,**

Mailing Address 5554 Henry Loop

City

The Villages

State

FL

Zip Code

32163-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2025

**Transaction ID : 10654246**

Amount of Each Receipt this Period

15.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carlson, Diane, , ,**

Mailing Address 5554 Henry Loop

City

The Villages

State

FL

Zip Code

32163-5212

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2025

**Transaction ID : 10654247**

Amount of Each Receipt this Period

10.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 188

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carney, Mary, , ,**

Mailing Address 1100 SW Fairfax Gln

City  
Lake CityState  
FLZip Code  
32025-0426FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Western Governors UniversityOccupation (for Individual)  
Registered Nurse/ Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.76

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654475**

Amount of Each Receipt this Period

26.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Castano-Zecca, Gustavo, , ,**

Mailing Address 25301 SW 114Th Ct

City  
HomesteadState  
FLZip Code  
33032-4722FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MERCEDES BENZ OF CUTLER BAYOccupation (for Individual)  
SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654430**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cetnar, Jacqueline, , ,**

Mailing Address 2025 Tickford St

City  
MiddleburgState  
FLZip Code  
32068-6922FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652704**

Amount of Each Receipt this Period

5.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

131.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cetnar, Jacqueline, , ,**

Mailing Address 2025 Tickford St

City  
MiddleburgState  
FLZip Code  
32068-6922FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653668**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chasin, Gil, , ,**

Mailing Address 4052 Ivey Vista Way

City  
OceansideState  
CAZip Code  
92057-7662FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652575**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chestnut, Cynthia, Moore, ,**

Mailing Address 911 NE Boulevard

City  
GainesvilleState  
FLZip Code  
32601-2316FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653169**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cockrill, Mary, , ,**Mailing Address 11707 W Sunset Blvd  
Apt 15City  
Los AngelesState  
CAZip Code  
90049-6910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652845**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cockrill, Mary, , ,**Mailing Address 11707 W Sunset Blvd  
Apt 15City  
Los AngelesState  
CAZip Code  
90049-6910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653320**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cockrill, Mary, , ,**Mailing Address 11707 W Sunset Blvd  
Apt 15City  
Los AngelesState  
CAZip Code  
90049-6910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653821**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cockrill, Mary, , ,**Mailing Address 11707 W Sunset Blvd  
Apt 15City  
Los AngelesState  
CAZip Code  
90049-6910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10653822

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cockrill, Mary, , ,**Mailing Address 11707 W Sunset Blvd  
Apt 15City  
Los AngelesState  
CAZip Code  
90049-6910FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654276

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cone, Carol, , ,**

Mailing Address 2911 Winding Oak Ln

City  
West Palm BeachState  
FLZip Code  
33414-7044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654485

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Connell, Patricia, , ,**

Mailing Address 1120 Packer St

City  
Key WestState  
FLZip Code  
33040-3263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653875**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conroy, CL, , ,**

Mailing Address 9631 SW 72Nd Ct

City  
PinecrestState  
FLZip Code  
33156-2909FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Conroy Martinez GroupOccupation (for Individual)  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652724**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Conroy, CL, , ,**

Mailing Address 9631 SW 72Nd Ct

City  
PinecrestState  
FLZip Code  
33156-2909FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Conroy Martinez GroupOccupation (for Individual)  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653469**

Amount of Each Receipt this Period

48.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

173.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cooper, Julie, , ,**

Mailing Address 9370 SE 171St Leflore Ln

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2025

**Transaction ID : 10652722**

Amount of Each Receipt this Period

50.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cooper, Julie, , ,**

Mailing Address 9370 SE 171St Leflore Ln

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2025

**Transaction ID : 10653397**

Amount of Each Receipt this Period

25.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cooper, Julie, , ,**

Mailing Address 9370 SE 171St Leflore Ln

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2025

**Transaction ID : 10654350**

Amount of Each Receipt this Period

25.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

100.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cork, Elizabeth, , ,**

Mailing Address 22 S Founders Ln

City  
Rosemary BeachState  
FLZip Code  
32461-8516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652517**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cork, Elizabeth, , ,**

Mailing Address 22 S Founders Ln

City  
Rosemary BeachState  
FLZip Code  
32461-8516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653123**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Damis, Louis, , ,**

Mailing Address 846 Palmetto Ter

City  
OviedoState  
FLZip Code  
32765-9464FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653823**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Darrah, Donald, , ,**

Mailing Address 589 Roma Ct

City  
NaplesState  
FLZip Code  
34110-6457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654355**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Darrah, Mary, , ,**

Mailing Address 2816 W 11Th St

City  
Panama CityState  
FLZip Code  
32401-1417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652948**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dasilva, Anita, , ,**

Mailing Address 2577 Orange Ridge Rd

City  
ClermontState  
FLZip Code  
34715-0031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652560**

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dasilva, Anita, , ,**

Mailing Address 2577 Orange Ridge Rd

City  
ClermontState  
FLZip Code  
34715-0031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652946**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DeLisle, AJ, , ,**

Mailing Address 2601 14Th St N

City

Saint Petersburg

State

FL

Zip Code

33704-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PwCOccupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652632**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Deyle, Robert, , ,**

Mailing Address 2394 Carefree Cv

City

Tallahassee

State

FL

Zip Code

32308-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653725**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dimick, Robert, M., ,**

Mailing Address 5457 Soundside Dr

City  
Gulf BreezeState  
FLZip Code  
32563-9532FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SRMCOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1431.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10652850

Amount of Each Receipt this Period

33.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Domlesky, Janine, F., ,**

Mailing Address 285 NE 91St St

City  
Miami ShoresState  
FLZip Code  
33138-3127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of MiamiOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 10653528

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Domlesky, Janine, F., ,**

Mailing Address 285 NE 91St St

City  
Miami ShoresState  
FLZip Code  
33138-3127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of MiamiOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654517

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

68.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Donovan, Suzanne, , ,**Mailing Address 900 Dogwood Dr  
Apt 536City  
Delray BeachState  
FLZip Code  
33483-4943FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652657**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Durfee, Kathleen, , ,**

Mailing Address 22446 Panther Loop

City  
BradentonState  
FLZip Code  
34202-6319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TechHouseOccupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652744**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Durfee, Kathleen, , ,**

Mailing Address 22446 Panther Loop

City  
BradentonState  
FLZip Code  
34202-6319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TechHouseOccupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5363.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653152**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Durfee, Kathleen, , ,**

Mailing Address 22446 Panther Loop

City  
BradentonState  
FLZip Code  
34202-6319FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TechHouseOccupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5363.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653237**

Amount of Each Receipt this Period

2025.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eddins, Gillian, , ,**

Mailing Address 11 Riverside Dr

City  
New YorkState  
NYZip Code  
10023-2504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652723**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eddins, Gillian, , ,**

Mailing Address 11 Riverside Dr

City  
New YorkState  
NYZip Code  
10023-2504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653980**

Amount of Each Receipt this Period

5.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2055.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Egan, Debie, , ,**Mailing Address 11 Baymont St  
Apt 501City  
ClearwaterState  
FLZip Code  
33767-1719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652867**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ellington, Randall, , ,**

Mailing Address 1345 W Lake Colony Dr

City  
MaitlandState  
FLZip Code  
32751-6122FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654498**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ellsworth, John, , ,**

Mailing Address 658 County Route 6

City  
High FallsState  
NYZip Code  
12440-5803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
LMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654424**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Espino, Maria Dolores, , ,**

Mailing Address 9410 SW 24Th St

City  
MiamiState  
FLZip Code  
33165-8116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Thomas UniversityOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652583**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Espino, Maria Dolores, , ,**

Mailing Address 9410 SW 24Th St

City  
MiamiState  
FLZip Code  
33165-8116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Thomas UniversityOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653937**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evans, Richard, , ,**

Mailing Address 105 Brook Rd

City  
FalmouthState  
MEZip Code  
04105-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653673**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Flax, Henry, , ,**

Mailing Address 445 San Nicolas Way

City  
St AugustineState  
FLZip Code  
32080-7719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653553**

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Foley, Donna, , ,**

Mailing Address 14019 Aguila

City  
Fort PierceState  
FLZip Code  
34951-4304FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653346**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Friedman, William, , ,**

Mailing Address 320 Central Park W

City  
New YorkState  
NYZip Code  
10025-7659FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BeachwoldOccupation (for Individual)  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652853**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

186.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fry, Kenneth, , ,**

Mailing Address 5247 Ferrari Ave

City  
Ave MariaState  
FLZip Code  
34142-9541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654060**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fuller, Sandy, , ,**

Mailing Address 2236 NW 48Th Ct

City  
OcalaState  
FLZip Code  
34482-6208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653941**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fuller, Sandy, , ,**

Mailing Address 2236 NW 48Th Ct

City  
OcalaState  
FLZip Code  
34482-6208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

381.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653952**

Amount of Each Receipt this Period

20.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fulton, Marnie, , ,**Mailing Address 3121 NE 51St St  
Apt 206City  
Fort LauderdaleState  
FLZip Code  
33308-4354FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deloitte Consulting LLPOccupation (for Individual)  
Systems Integrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654152**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garcia, Sally, , ,**

Mailing Address 201 Drummond Ln

City  
DelandState  
FLZip Code  
32724-7373FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.65

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653337**

Amount of Each Receipt this Period

20.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garrard, Mary, , ,**

Mailing Address 10155 Collins Ave

City  
Bal HarbourState  
FLZip Code  
33154-1655FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653578**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

295.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gibbons, Lisa, , ,**

Mailing Address 1920 NW 39Th Ter

City  
GainesvilleState  
FLZip Code  
32605-3538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Haven HospiceOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652986**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Goldenberg, Russ, , ,**Mailing Address 777 Brickell Ave  
Ste Pm 500City  
MiamiState  
FLZip Code  
33131-2803FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653721**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goldring, Susan, , ,**

Mailing Address 51 Village Walk Dr

City  
Ponte Vedra BeachState  
FLZip Code  
32082-3544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Zager Fuchs PCOccupation (for Individual)  
Atty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652749**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Golman, Elaine, , ,**

Mailing Address 7656 SW 25Th Ave

City  
GainesvilleState  
FLZip Code  
32608-0323FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654505**

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Graessle, William, , ,**

Mailing Address 2856 Laviere St

City  
JacksonvilleState  
FLZip Code  
32205-8013FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
William S. Graessle P.A.Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652985**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Graff, Sherry, SASLAW, ,**

Mailing Address 2516 SW 45Th St

City  
Cape CoralState  
FLZip Code  
33914-6104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

439.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652823**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

84.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Graff, Sherry, SASLAW, ,**

Mailing Address 2516 SW 45Th St

City  
Cape CoralState  
FLZip Code  
33914-6104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653736**

Amount of Each Receipt this Period

19.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Graff, Sherry, SASLAW, ,**

Mailing Address 2516 SW 45Th St

City  
Cape CoralState  
FLZip Code  
33914-6104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654282**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Guerra, Leslie, , ,**

Mailing Address 871 Oakbranch Pl

City  
SanfordState  
FLZip Code  
32771-7176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654309**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

94.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gupta, Shashikant, , ,**Mailing Address 2901 Collins Ave  
Apt 1101City  
Miami BeachState  
FLZip Code  
33140-4104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apex CoVantageOccupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 10603019**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gupta, Shashikant, , ,**Mailing Address 2901 Collins Ave  
Apt 1101City  
Miami BeachState  
FLZip Code  
33140-4104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Apex CoVantageOccupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 10668724**

Amount of Each Receipt this Period

- 15000.00

☒ Memo Item

\* Transferred to Non-Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hagen, David, , ,**

Mailing Address 292 Astro Ct

City  
TallahasseeState  
FLZip Code  
32312-1534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653065**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25025.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID : 10668724

Excess contribution transferred to Non-Federal see Schedule B for Line 29

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hagen, David, , ,**

Mailing Address 292 Astro Ct

City  
TallahasseeState  
FLZip Code  
32312-1534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653196**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hagen, David, , ,**

Mailing Address 292 Astro Ct

City  
TallahasseeState  
FLZip Code  
32312-1534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653405**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hagen, David, , ,**

Mailing Address 292 Astro Ct

City  
TallahasseeState  
FLZip Code  
32312-1534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654042**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hagen, David, , ,**

Mailing Address 292 Astro Ct

City  
TallahasseeState  
FLZip Code  
32312-1534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654228**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hagen, David, , ,**

Mailing Address 292 Astro Ct

City  
TallahasseeState  
FLZip Code  
32312-1534FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654385**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hall, Barbara, , ,**

Mailing Address 5721 SW 17Th St

City  
PlantationState  
FLZip Code  
33317-5905FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Greenberg Traurig

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653889**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, Barbara, , ,**

Mailing Address 5721 SW 17Th St

City  
PlantationState  
FLZip Code  
33317-5905FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenberg TraurigOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654260**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hanway, Susan, , ,**

Mailing Address 42239 Lake Timber Dr

City

Babcock Ranch

State

FL

Zip Code

33982-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653574**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hanway, Susan, , ,**

Mailing Address 42239 Lake Timber Dr

City

Babcock Ranch

State

FL

Zip Code

33982-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654444**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harvey, Carolyn, , ,**

Mailing Address 12378 Sycamore Ridge Ct

City  
San DiegoState  
CAZip Code  
92131-3227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653353**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harvey, Carolyn, , ,**

Mailing Address 12378 Sycamore Ridge Ct

City  
San DiegoState  
CAZip Code  
92131-3227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653842**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henley, Sheryl, , ,**

Mailing Address 404 Park Ridge Ave

City  
Temple TerraceState  
FLZip Code  
33617-4145FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652940**

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henley, Sheryl, , ,**

Mailing Address 404 Park Ridge Ave

City

Temple Terrace

State

FL

Zip Code

33617-4145

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653873**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Himowitz, Benjamin, , ,**Mailing Address 111 S 2Nd St  
Apt 3

City

Brooklyn

State

NY

Zip Code

11249-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Redscout

Occupation (for Individual)

Brand Strategist

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652731**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hinckley, Katherine, , ,**

Mailing Address 2498 Harbour Ln

City

Sanibel

State

FL

Zip Code

33957-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653048**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hinckley, Katherine, , ,**

Mailing Address 2498 Harbour Ln

City  
SanibelState  
FLZip Code  
33957-2029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653049**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hinckley, Katherine, , ,**

Mailing Address 2498 Harbour Ln

City  
SanibelState  
FLZip Code  
33957-2029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653050**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hinckley, Katherine, , ,**

Mailing Address 2498 Harbour Ln

City  
SanibelState  
FLZip Code  
33957-2029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653291**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hinckley, Katherine, , ,**

Mailing Address 2498 Harbour Ln

City  
SanibelState  
FLZip Code  
33957-2029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653770**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hinckley, Katherine, , ,**

Mailing Address 2498 Harbour Ln

City  
SanibelState  
FLZip Code  
33957-2029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653986**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoffman, Mary Anne, , ,**

Mailing Address 1038 Merritt Dr

City  
TallahasseeState  
FLZip Code  
32301-4522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653122**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUDSON JR, Alton, , ,**Mailing Address 301 W 108Th St  
Apt 9BCity  
New YorkState  
NYZip Code  
10025-2723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Russ Hudson Consulting LLCOccupation (for Individual)  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652513**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Huebscher-Scott, Cynthia, , ,**

Mailing Address 16610 Sunrise Vista Dr

City  
ClermontState  
FLZip Code  
34714-4969FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652806**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hutchinson, Robert, , ,**

Mailing Address 193 Patriots Dr

City  
AshevilleState  
NCZip Code  
28805-9710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653072**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hutchinson, Robert, , ,**

Mailing Address 193 Patriots Dr

City  
AshevilleState  
NCZip Code  
28805-9710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654529**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hutson, Nancy, , ,**

Mailing Address 814 W Howry Ave

City  
DelandState  
FLZip Code  
32720-5287FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654432**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Iwaniuk, Christopher, , ,**

Mailing Address 22 Langley Rd

City  
Toms RiverState  
NJZip Code  
08757-4708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sels EmployedOccupation (for Individual)  
Laborer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652719**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Iwaniuk, Christopher, , ,**

Mailing Address 22 Langley Rd

City  
Toms RiverState  
NJZip Code  
08757-4708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Laborer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654390**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jackson, Jim, , ,**

Mailing Address 12875 Barrow Rd

City  
North Palm BeachState  
FLZip Code  
33408-2226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654382**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jackson, Jim, , ,**

Mailing Address 12875 Barrow Rd

City  
North Palm BeachState  
FLZip Code  
33408-2226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654387**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Carrie, , ,**

Mailing Address 345 E Maine Ave

City  
LongwoodState  
FLZip Code  
32750-5475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653034**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Carrie, , ,**

Mailing Address 345 E Maine Ave

City  
LongwoodState  
FLZip Code  
32750-5475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653814**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Carrie, , ,**

Mailing Address 345 E Maine Ave

City  
LongwoodState  
FLZip Code  
32750-5475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654017**

Amount of Each Receipt this Period

5.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

20.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Carrie, , ,**

Mailing Address 345 E Maine Ave

City  
LongwoodState  
FLZip Code  
32750-5475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654345**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Johnson, Carrie, , ,**

Mailing Address 345 E Maine Ave

City  
LongwoodState  
FLZip Code  
32750-5475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654372**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jones, Jane, , ,**

Mailing Address 354 White Oak Dr

City  
CrawfordvilleState  
FLZip Code  
32327-2554FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654522**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Josepho, Adele, , ,**

Mailing Address 639 Marvista Dr

City  
Solana BeachState  
CAZip Code  
92075-1331FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653830**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Katzenstein, Robin, , ,**

Mailing Address 2971 Hidden Hollow Ln

City  
DavieState  
FLZip Code  
33328-6926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653743**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaye, Judith Teller, , ,**Mailing Address 102 NE 2Nd St  
Pmb 39City  
Boca RatonState  
FLZip Code  
33432-3908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654466**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kellar, Kathryn, , ,**Mailing Address 191 Seminole Ln  
Apt 402City  
Cocoa BeachState  
FLZip Code  
32931-5860FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653080**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kellar, Kathryn, , ,**Mailing Address 191 Seminole Ln  
Apt 402City  
Cocoa BeachState  
FLZip Code  
32931-5860FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.17

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653913**

Amount of Each Receipt this Period

20.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kempfer, Paulette, , ,**

Mailing Address 12062 Colliers Reserve Dr

City  
NaplesState  
FLZip Code  
34110-0908FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654118**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kendall, Samuel, B, ,**Mailing Address 150 Waterfall Way  
Unit 101City  
Altamonte SpringsState  
FLZip Code  
32714-6854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653097**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kendall, Samuel, B, ,**Mailing Address 150 Waterfall Way  
Unit 101City  
Altamonte SpringsState  
FLZip Code  
32714-6854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653622**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kendall, Samuel, B, ,**Mailing Address 150 Waterfall Way  
Unit 101City  
Altamonte SpringsState  
FLZip Code  
32714-6854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653701**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kendall, Samuel, B, ,**Mailing Address 150 Waterfall Way  
Unit 101City  
Altamonte SpringsState  
FLZip Code  
32714-6854FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654061**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kent, Catherine, , ,**

Mailing Address 720 Loop Ave

City  
MansonState  
WAZip Code  
98831-9691FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653062**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kitts, Christine, , ,**

Mailing Address 11769 Altamonte Ct

City  
VeniceState  
FLZip Code  
34293-2248FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652833**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Klein, Heatherjoy, , ,**

Mailing Address 1950 SW 75Th Ave

City  
PlantationState  
FLZip Code  
33317-4945FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652998**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Klein, Heatherjoy, , ,**

Mailing Address 1950 SW 75Th Ave

City  
PlantationState  
FLZip Code  
33317-4945FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653090**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KLOPFER, KENNETH, , ,**

Mailing Address 140 Deepwoods Dr

City  
LongmeadowState  
MAZip Code  
01106-2163FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winsupply Pioneer ValleyOccupation (for Individual)  
Salesman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652743**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KLOPFER, KENNETH, , ,**

Mailing Address 140 Deepwoods Dr

City  
LongmeadowState  
MAZip Code  
01106-2163FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winsupply Pioneer ValleyOccupation (for Individual)  
Salesman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652789**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KLOPFER, KENNETH, , ,**

Mailing Address 140 Deepwoods Dr

City  
LongmeadowState  
MAZip Code  
01106-2163FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winsupply Pioneer ValleyOccupation (for Individual)  
Salesman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653954**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KLOPFER, KENNETH, , ,**

Mailing Address 140 Deepwoods Dr

City  
LongmeadowState  
MAZip Code  
01106-2163FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winsupply Pioneer ValleyOccupation (for Individual)  
Salesman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654218**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Knysh, Andrew, , ,**

Mailing Address 12508 NW 74Th Pl

City  
ParklandState  
FLZip Code  
33076-4208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Omega ForensicOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652734**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Knysh, Andrew, , ,**

Mailing Address 12508 NW 74Th Pl

City  
ParklandState  
FLZip Code  
33076-4208FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Omega ForensicOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652735**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kook, Christine, , ,**

Mailing Address 528 Venezia Way

City  
CloverdaleState  
CAZip Code  
95425-3279FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELJEOccupation (for Individual)  
SELJE Coaching

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652512**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Korenman, Stanley, , ,**

Mailing Address 865 Comstock Ave

City  
Los AngelesState  
CAZip Code  
90024-2572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UclaOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653983**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Krug, Pam, , ,**

Mailing Address PO Box 3467

City  
SeattleState  
WAZip Code  
98114-3467FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Real Estate Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652508**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kubon, Beverly, , ,**

Mailing Address 1117 Canfield Cir SE

City  
Palm BayState  
FLZip Code  
32909-1437FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653587**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lambert, Ruth, , ,**

Mailing Address 100 York St

City  
New HavenState  
CTZip Code  
06511-5620FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652844**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lester, Vanessa, , ,**

Mailing Address PO Box 783

City  
MangoState  
FLZip Code  
33550-0783FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PublixOccupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652528**

Amount of Each Receipt this Period

14.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lilly, Carol, , ,**

Mailing Address 4409 W Watrous Ave

City  
TampaState  
FLZip Code  
33629-4229FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of South FloridaOccupation (for Individual)  
Pediatrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653828**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

89.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindsay, Eve Bonnie, , ,**

Mailing Address 549 SW Hampton Ct

City

Port Saint Lucie

State

FL

Zip Code

34986-2024

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654490

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Machado, Nyxlie, , ,**

Mailing Address 8563 NW 164Th St

City

Miami Lakes

State

FL

Zip Code

33016-6151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10652987

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MacLean, J., , ,**

Mailing Address 810 Samoset Rd

City

Eastham

State

MA

Zip Code

02642-3159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10653220

Amount of Each Receipt this Period

19.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MacLean, J., , ,**

Mailing Address 810 Samoset Rd

City  
EasthamState  
MAZip Code  
02642-3159FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653956**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mahootchi, Ahad, , ,**

Mailing Address 66 Columbia Dr

City  
TampaState  
FLZip Code  
33606-3538FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654046**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Major, Paul, , ,**

Mailing Address 10597 Alvarado Ct

City  
SeminoleState  
FLZip Code  
33772-4870FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652540**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mandell, Rob, , ,**

Mailing Address 5950 Canoga Ave

City  
Woodland HillsState  
CAZip Code  
91367-5011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10653851

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Manning, Gerald L, , ,**

Mailing Address 7399 Monteverde Way

City  
NaplesState  
FLZip Code  
34119-9789FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 10653315

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Marchuk, Paulette, , ,**

Mailing Address 4657 Kensington Cir

City  
NaplesState  
FLZip Code  
34119-9071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10652936

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Marks, Kenneth, , ,**

Mailing Address 4214 Los Altos Ct

City  
NaplesState  
FLZip Code  
34109-3362FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653724**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin, Edwin, W., ,**

Mailing Address 409 Everglades Dr

City  
VeniceState  
FLZip Code  
34285-3306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652487**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDermott, Jo, , ,**

Mailing Address 501 NW 43Rd St

City  
Oklahoma CityState  
OKZip Code  
73118-7007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652732**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDermott, Jo, , ,**

Mailing Address 501 NW 43Rd St

City  
Oklahoma CityState  
OKZip Code  
73118-7007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654045**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McElhaney, Christy, L., ,**

Mailing Address 4 Times Sq

City  
New YorkState  
NYZip Code  
10036-6518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Skadden Arps Et AlOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653780**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McElhaney, Christy, L., ,**

Mailing Address 4 Times Sq

City  
New YorkState  
NYZip Code  
10036-6518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Skadden Arps Et AlOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653781**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McKain, Mark, , ,**

Mailing Address 131 41St Ave N

City  
St PetersburgState  
FLZip Code  
33703-4860FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653552**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McKean, Thomas, , ,**

Mailing Address 3625 Diane Dr

City  
Boynton BeachState  
FLZip Code  
33435-8531FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Auto Repair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654145**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meehan, Thomas, , ,**

Mailing Address 708 Sugarwood Trl

City  
VeniceState  
FLZip Code  
34292-3922FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concert GolfOccupation (for Individual)  
Golf Cart Attendant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653607**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Melancon, Mary, , ,**

Mailing Address 14001 Briardale Ln

City  
TampaState  
FLZip Code  
33618-2209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654113**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Melser, Marc, A., , MD**

Mailing Address 4400 Riverside Dr

City  
Punta GordaState  
FLZip Code  
33982-1707FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
21St Century OncologyOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654472**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Milne, Martin, , ,**

Mailing Address 3957 Mullenhurst Dr

City  
Palm HarborState  
FLZip Code  
34685-3666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653226**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Milne, Martin, , ,**

Mailing Address 3957 Mullenhurst Dr

City  
Palm HarborState  
FLZip Code  
34685-3666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10654049

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Montgomery, Susan, , ,**

Mailing Address 1284 Quail Ct

City  
The VillagesState  
FLZip Code  
32163-2119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

M &amp; M Insurance Services LLC

Occupation (for Individual)

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10654184

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morris, Mark, W, ,**

Mailing Address 2533 W Maryland Ave

City  
TampaState  
FLZip Code  
33629-6251FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Florida Ped Asso

Occupation (for Individual)

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654504

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

235.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mott, Deborah, , ,**

Mailing Address 211 Beachway Dr

City  
Palm CoastState  
FLZip Code  
32137-8652FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654415

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moulton, Raymond, , ,**

Mailing Address 5720 1St St N

City  
Saint PetersburgState  
FLZip Code  
33703-2452FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654518

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Murray, Saranne, , ,**

Mailing Address 7906 Beckett Ln

City  
NaplesState  
FLZip Code  
34113-3202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10653093

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murray, Saranne, , ,**

Mailing Address 7906 Beckett Ln

City  
NaplesState  
FLZip Code  
34113-3202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653816**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murray, Saranne, , ,**

Mailing Address 7906 Beckett Ln

City  
NaplesState  
FLZip Code  
34113-3202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654388**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nickerson, Norma, , ,**

Mailing Address 11025 Highway 441 S

City  
MicanopyState  
FLZip Code  
32667-3381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

355.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652871**

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nickerson, Norma, , ,**

Mailing Address 11025 Highway 441 S

City  
MicanopyState  
FLZip Code  
32667-3381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653929**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nickerson, Norma, , ,**

Mailing Address 11025 Highway 441 S

City  
MicanopyState  
FLZip Code  
32667-3381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653948**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nussenzweig, Victor, , ,**

Mailing Address 110 Bleecker St

City  
New YorkState  
NYZip Code  
10012-2101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652500**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nylen, Matt, , ,**

Mailing Address 22 Bonaventure Dr

City  
RockledgeState  
FLZip Code  
32955-5302FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652652**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. O'Brien, Kevin, , ,**

Mailing Address 4350 Queen Elizabeth Way

City  
NaplesState  
FLZip Code  
34119-9572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654191**

Amount of Each Receipt this Period

32.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ohlinger, Birchard, , ,**

Mailing Address 817 1/2 Terry Ln

City  
Key WestState  
FLZip Code  
33040-7330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654128**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

132.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oliver, Nancy, , ,**

Mailing Address 4836 Greywood Ln

City  
SarasotaState  
FLZip Code  
34235-5602FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652829**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olson, Nancy, , ,**

Mailing Address 13 Cunningham Dr

City

New Smyrna Beach

State

FL

Zip Code

32168-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654484**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oppenberg, Gale, , ,**

Mailing Address 6742 Osage Cir

City

West Palm Beach

State

FL

Zip Code

33413-3479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652700**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oppenberg, Gale, , ,**

Mailing Address 6742 Osage Cir

City  
West Palm BeachState  
FLZip Code  
33413-3479FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653039**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oppenberg, Gale, , ,**

Mailing Address 6742 Osage Cir

City  
West Palm BeachState  
FLZip Code  
33413-3479FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653110**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oppenberg, Gale, , ,**

Mailing Address 6742 Osage Cir

City  
West Palm BeachState  
FLZip Code  
33413-3479FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653245**

Amount of Each Receipt this Period

7.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oppenberg, Gale, , ,**

Mailing Address 6742 Osage Cir

City  
West Palm BeachState  
FLZip Code  
33413-3479FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654011**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oppenberg, Gale, , ,**

Mailing Address 6742 Osage Cir

City  
West Palm BeachState  
FLZip Code  
33413-3479FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654085**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Oppenberg, Gale, , ,**

Mailing Address 6742 Osage Cir

City  
West Palm BeachState  
FLZip Code  
33413-3479FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654262**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Oppenberg, Gale, , ,**

Mailing Address 6742 Osage Cir

City  
West Palm BeachState  
FLZip Code  
33413-3479FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654362**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ortega Cordoves, Linda, , ,**

Mailing Address 24 S Palm Ave

City  
KissimmeeState  
FLZip Code  
34741-5379FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kadena LLCOccupation (for Individual)  
Software Engineer Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653699**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Page, William, , ,**

Mailing Address 1714 NW 35Th Way

City  
GainesvilleState  
FLZip Code  
32605-3666FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
U. Of FloridaOccupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653334**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pagliaro, Jay, , ,**

Mailing Address 1455 Heather Glen Dr

City  
DelandState  
FLZip Code  
32724-2571FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FIS GlobalOccupation (for Individual)  
IT Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653726**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Papas, Priscilla, , ,**

Mailing Address 356 Waterford Cir W

City  
Tarpon SpringsState  
FLZip Code  
34688-7240FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652815**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patton, Glenn, , ,**

Mailing Address 15909 Ellsworth Dr

City  
TampaState  
FLZip Code  
33647-1327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652718**

Amount of Each Receipt this Period

12.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

142.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patton, Glenn, , ,**

Mailing Address 15909 Ellsworth Dr

City  
TampaState  
FLZip Code  
33647-1327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652738**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Patton, Glenn, , ,**

Mailing Address 15909 Ellsworth Dr

City  
TampaState  
FLZip Code  
33647-1327FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654294**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pauli, Robin, , ,**

Mailing Address 2576 Sheltingham Dr

City  
WellingtonState  
FLZip Code  
33414-7051FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653706**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Peresich, Joseph, , ,**

Mailing Address PO Box 2554

City  
TallahasseeState  
FLZip Code  
32316-2554FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.25

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653508**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PERKINS, GRACE, , ,**

Mailing Address 2626 Sunnyside Cir

City  
Palm HarborState  
FLZip Code  
34684-4159FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652582**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pigman, William G., , ,**

Mailing Address 3221 10Th St N

City  
St PetersburgState  
FLZip Code  
33704-1203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WPG International Limited IncOccupation (for Individual)  
President /Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653946**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PILAND, JAMES, , ,**

Mailing Address 397 Kingfisher Ln

City  
Haines CityState  
FLZip Code  
33844-2350FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653157**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Poladian, Vahe, , ,**Mailing Address 1122 N Dearborn St  
Apt 25HCity  
ChicagoState  
ILZip Code  
60610-5082FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Jump

Occupation (for Individual)

Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653178**

Amount of Each Receipt this Period

81.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Portela, Beatriz, , ,**

Mailing Address 444 Miller Rd

City  
Coral GablesState  
FLZip Code  
33146-2850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653907**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

211.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Porter, Daphne, , ,**Mailing Address 1000 Kings Hwy  
Unit 259City  
Punta GordaState  
FLZip Code  
33980-5207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653522**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Propes, Rosemary, , ,**

Mailing Address 7185 Sena Rd

City  
North PortState  
FLZip Code  
34291-5320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bank Of AmericaOccupation (for Individual)  
Technology Business Analyst For

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654468**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rao, Shakuntala, , ,**

Mailing Address 960 Andrews Ln

City  
Gates MillsState  
OHZip Code  
44040-9665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland ClinicOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654296**

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rectanus, Earl, , ,**

Mailing Address 11609 Longshore Way W

City  
NaplesState  
FLZip Code  
34119-8831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652730**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rectanus, Earl, , ,**

Mailing Address 11609 Longshore Way W

City  
NaplesState  
FLZip Code  
34119-8831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654426**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rentz, Joel, , ,**

Mailing Address 3609 Cinnamon Trace Dr

City  
ValricoState  
FLZip Code  
33596-6059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653242**

Amount of Each Receipt this Period

7.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

157.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rentz, Joel, , ,**

Mailing Address 3609 Cinnamon Trace Dr

City  
ValricoState  
FLZip Code  
33596-6059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653648**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rentz, Joel, , ,**

Mailing Address 3609 Cinnamon Trace Dr

City  
ValricoState  
FLZip Code  
33596-6059FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654208**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Richard, Louis, P, ,**

Mailing Address 688 Tiffany Mdws NE

City  
Bainbridge IslandState  
WAZip Code  
98110-3923FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT-EMPLOYEDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 10603013**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ritz, William, , ,**

Mailing Address 105 Mountain Ave

City  
New RochelleState  
NYZip Code  
10804-4727FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652490**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ritz, William, , ,**

Mailing Address 105 Mountain Ave

City  
New RochelleState  
NYZip Code  
10804-4727FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653316**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ritz, William, , ,**

Mailing Address 105 Mountain Ave

City  
New RochelleState  
NYZip Code  
10804-4727FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653820**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rosen, Joel, , ,**

Mailing Address 142 Main St

City  
NorthamptonState  
MAZip Code  
01060-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652852**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosen, Joel, , ,**

Mailing Address 142 Main St

City  
NorthamptonState  
MAZip Code  
01060-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653328**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rosen, Joel, , ,**

Mailing Address 142 Main St

City  
NorthamptonState  
MAZip Code  
01060-3160FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653829**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rosenblatt, Howard, M., ,**Mailing Address 2830 NW 41St St  
Ste HCity  
GainesvilleState  
FLZip Code  
32606-6667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Howard M. Rosenblatt P. A.

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 10653539

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rosenblatt, Howard, M., ,**Mailing Address 2830 NW 41St St  
Ste HCity  
GainesvilleState  
FLZip Code  
32606-6667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Howard M. Rosenblatt P. A.

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10654077

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RuBino, Janice, , ,**

Mailing Address 726 Ingleside Ave

City  
TallahasseeState  
FLZip Code  
32303-6421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025

Transaction ID : 10654268

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ruddell, Emily, B., ,**

Mailing Address 1715 Semalachee Dr

City  
TallahasseeState  
FLZip Code  
32301-5846FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653529**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ruff, Arlene, , ,**

Mailing Address 17669 Foxborough Ln

City  
Boca RatonState  
FLZip Code  
33496-1339FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653382**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ruggles, Robert, M., , Mr.**

Mailing Address 2318 Hampshire Way

City  
TallahasseeState  
FLZip Code  
32309-3107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653654**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 88 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ruggles, Robert, M, , Mr.**

Mailing Address 2318 Hampshire Way

City  
TallahasseeState  
FLZip Code  
32309-3107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654235**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Russell, Thomas, , ,**

Mailing Address 385 Hunter St

City  
West Palm BeachState  
FLZip Code  
33405-4435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653599**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saward, Christine, , ,**

Mailing Address PO Box 37

City  
SummitvilleState  
NYZip Code  
12781-0037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654150**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schlechtweg, Jane, , ,**

Mailing Address 1618 Briarwood Ct

City  
Marco IslandState  
FLZip Code  
34145-4008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.64

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654214**

Amount of Each Receipt this Period

16.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schnare, James, , ,**

Mailing Address 8460 SE Island Way

City  
JupiterState  
FLZip Code  
33458-1100FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nicklaus Companies LLCOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654384**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schnare, James, , ,**

Mailing Address 8460 SE Island Way

City  
JupiterState  
FLZip Code  
33458-1100FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nicklaus Companies LLCOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654463**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schnitzer, Judy, , ,**

Mailing Address 13149 Eason Island Ct

City  
JacksonvilleState  
FLZip Code  
32224-8407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652785**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schweppe, Valerie, , ,**

Mailing Address 8435 NW 43Rd Ln

City  
OcalaState  
FLZip Code  
34482-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652523**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shaeffer, Suzanne, , ,**

Mailing Address 1102 Sherbourne Way

City  
Ormond BeachState  
FLZip Code  
32174-3958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653868**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shaeffer, Suzanne, , ,**

Mailing Address 1102 Sherbourne Way

City  
Ormond BeachState  
FLZip Code  
32174-3958FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654290

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shelton, Deborah, , ,**

Mailing Address 647 E Paces Ferry Rd NE

City  
AtlantaState  
GAZip Code  
30305-2762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025

Transaction ID : 10652515

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shepeluk, Felix, , ,**

Mailing Address 2861 Pike Ln

City  
DeltonaState  
FLZip Code  
32738-7960FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10653186

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Silon-Laguna, Lynette, , ,**

Mailing Address 6457 Rubia Cir

City  
Apollo BeachState  
FLZip Code  
33572-2917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
All Family Law Group P.A.Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653565**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simmons, Evett, L., , Esq.**

Mailing Address 7843 Sabal Lake Dr

City  
Port St LucieState  
FLZip Code  
34986-3109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653330**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Slap, Laura, , ,**

Mailing Address 72 Western Ave

City  
KennebunkState  
MEZip Code  
04043-7309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652669**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Slap, Laura, , ,**

Mailing Address 72 Western Ave

City  
KennebunkState  
MEZip Code  
04043-7309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652869**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Slap, Laura, , ,**

Mailing Address 72 Western Ave

City  
KennebunkState  
MEZip Code  
04043-7309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654297**

Amount of Each Receipt this Period

1.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Slap, Laura, , ,**

Mailing Address 72 Western Ave

City  
KennebunkState  
MEZip Code  
04043-7309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654305**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Slavkin, Steven, , ,**

Mailing Address 10431 Spotted Fawn Ln

City  
JacksonvilleState  
FLZip Code  
32257-4780FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654315**

Amount of Each Receipt this Period

54.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Joan, M, ,**

Mailing Address 2661 Key Largo Ln

City  
Ft LauderdaleState  
FLZip Code  
33312-4607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10653130**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Joan, M, ,**

Mailing Address 2661 Key Largo Ln

City  
Ft LauderdaleState  
FLZip Code  
33312-4607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654195**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

204.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Lora, , ,**Mailing Address 1405 82Nd Ave  
Lot 95City  
Vero BeachState  
FLZip Code  
32966-8798FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654392**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spearman, Guy, M., , III**

Mailing Address 516 Delannoy Ave

City  
CocoaState  
FLZip Code  
32922-7814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spearman ManagementOccupation (for Individual)  
Governmental Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 10603018**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Staebler, Jonathan, , ,**

Mailing Address 827 N Southlake Dr

City  
HollywoodState  
FLZip Code  
33019-1628FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GMF Enterprises USA IncOccupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653612**

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

5055.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stamper, Elizabeth, , ,**Mailing Address 2085 Highway A1A  
Apt 3601City  
Indian Harbour BeachState  
FLZip Code  
32937-1805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652586**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stevens, Mark, , ,**

Mailing Address 3900 Soldierfish St

City  
WaldorfState  
MDZip Code  
20603-7202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652854**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stevens, Mark, , ,**

Mailing Address 3900 Soldierfish St

City  
WaldorfState  
MDZip Code  
20603-7202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652855**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

85.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stevens, Mark, , ,**

Mailing Address 3900 Soldierfish St

City  
WaldorfState  
MDZip Code  
20603-7202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653319**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stewart, Howard, , ,**

Mailing Address Ren Cen

City  
DetroitState  
MIZip Code  
48243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
General MotorsOccupation (for Individual)  
Retired Auto Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652603**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stewart, Howard, , ,**

Mailing Address Ren Cen

City  
DetroitState  
MIZip Code  
48243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
General MotorsOccupation (for Individual)  
Retired Auto Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653504**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stewart, Howard, , ,**

Mailing Address Ren Cen

City  
DetroitState  
MIZip Code  
48243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
General MotorsOccupation (for Individual)  
Retired Auto Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653912**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stewart, Howard, , ,**

Mailing Address Ren Cen

City  
DetroitState  
MIZip Code  
48243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
General MotorsOccupation (for Individual)  
Retired Auto Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653944**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stewart, Howard, , ,**

Mailing Address Ren Cen

City  
DetroitState  
MIZip Code  
48243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
General MotorsOccupation (for Individual)  
Retired Auto Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653945**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stone, Larry, , ,**

Mailing Address 695 NE 140Th Ave

City  
Silver SpringsState  
FLZip Code  
34488-3917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silver City Stamp & Coin Co. Inc:Occupation (for Individual)  
Gold And Silver Diamonds

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653396**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Styslinger, Daniel, , ,**

Mailing Address 1303 Midwood Pl

City  
Silver SpringState  
MDZip Code  
20910-1646FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Collaborative SolutionsOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653837**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Switzer, Emily, , ,**Mailing Address 701 N 2Nd St  
Apt 514City  
MinneapolisState  
MNZip Code  
55401-2457FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MINNESOTA ORCHESTRAOccupation (for Individual)  
MUSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653530**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 188  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, Kathy, , ,**

Mailing Address 194 San Telmo Ct

City  
Saint AugustineState  
FLZip Code  
32095-7467FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652783**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor, Suzanne, , ,**

Mailing Address 27 Harbour Pointe Cmn

City  
BuffaloState  
NYZip Code  
14202-4312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652492**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thomas-Kuehn, Rayne, , ,**

Mailing Address 640 Eddy St

City  
Boca RatonState  
FLZip Code  
33487-1749FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EducationOccupation (for Individual)  
Data Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653505**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thompson, Davette, , ,**

Mailing Address 4412 Mercado Dr

City  
SebringState  
FLZip Code  
33872-1524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Royal Cate Of Avon ParkOccupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653511**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Townsend, Cleo, , ,**Mailing Address 2785 Golf Lake Dr  
FI 33566City  
Plant CityState  
FLZip Code  
33566-0953FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654167**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tracy, Peter, , ,**Mailing Address 700 John Ringling Blvd  
Apt 1612City  
SarasotaState  
FLZip Code  
34236-1541FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Meadow Lake GolfOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652813**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trevarthen, Susan, , ,**

Mailing Address 1101 SW 18Th Ct

City

Ft Lauderdale

State

FL

Zip Code

33315-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Weiss Serota

Occupation (for Individual)

Attorney

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025

Transaction ID : 10654449

Amount of Each Receipt this Period

50.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Troner, Michael, , ,**

Mailing Address 14225 SW 79Th Ct

City

Palmetto Bay

State

FL

Zip Code

33158-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AMS

Occupation (for Individual)

Physician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 10653594

Amount of Each Receipt this Period

50.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Troner, Michael, , ,**

Mailing Address 14225 SW 79Th Ct

City

Palmetto Bay

State

FL

Zip Code

33158-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AMS

Occupation (for Individual)

Physician

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 10653596

Amount of Each Receipt this Period

50.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tuggle, Catherine, , ,**

Mailing Address 1823 S Daytona Ave

City  
Flagler BeachState  
FLZip Code  
32136-3856FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653499**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Uttridge, Jill, , ,**

Mailing Address 9530 W Maiden Ct

City  
Vero BeachState  
FLZip Code  
32963-4593FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652516**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Uttridge, Jill, , ,**

Mailing Address 9530 W Maiden Ct

City  
Vero BeachState  
FLZip Code  
32963-4593FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653331**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vickery, Jessica, , ,**

Mailing Address 5221 Lillian St

City  
HoustonState  
TXZip Code  
77007-5226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10653841**

Amount of Each Receipt this Period

29.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vogel, Mark, R., ,**Mailing Address 3389 Sheridan St  
# 424City  
HollywoodState  
FLZip Code  
33021-3606FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mark R. Vogel P.A.Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653638**

Amount of Each Receipt this Period

360.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walzak, Rebecca, , ,**

Mailing Address 1532 SE 11Th St

City  
Deerfield BeachState  
FLZip Code  
33441-7102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RjbWalzak Consulting Inc.Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653616**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

414.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 188

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walzak, Rebecca, , ,**

Mailing Address 1532 SE 11Th St

City  
Deerfield BeachState  
FLZip Code  
33441-7102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RjbWalzak Consulting Inc.Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654163**

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Walzak, Rebecca, , ,**

Mailing Address 1532 SE 11Th St

City  
Deerfield BeachState  
FLZip Code  
33441-7102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RjbWalzak Consulting Inc.Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654435**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ward, James, , ,**

Mailing Address 404 Dartmoor Dr

City  
TallahasseeState  
FLZip Code  
32312-1447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FsuOccupation (for Individual)  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652740**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 188

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Warner, Susan, , ,**

Mailing Address 476 SE Krueger Creek Pl

City  
StuartState  
FLZip Code  
34996-3284FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pierson Ferdinand LLPOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2025**Transaction ID : 10652607**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Windham, Bernard, , ,**

Mailing Address 9019 Chayes Ct

City  
TallahasseeState  
FLZip Code  
32309-9088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FPSCOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653805**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Windham, Bernard, , ,**

Mailing Address 9019 Chayes Ct

City  
TallahasseeState  
FLZip Code  
32309-9088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FPSCOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654013**

Amount of Each Receipt this Period

5.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Windham, Bernard, , ,**

Mailing Address 9019 Chayes Ct

City  
TallahasseeState  
FLZip Code  
32309-9088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FPSCOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654040**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Winstead, Shelby Dennis, , ,**

Mailing Address 506 Bonnie Brae Way

City  
HollywoodState  
FLZip Code  
33021-2905FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025**Transaction ID : 10652992**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINTERMUTH, KENNETH, , ,**

Mailing Address 155 Eastlake Dr

City  
Orange CityState  
FLZip Code  
32763-0007FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2025**Transaction ID : 10654215**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 188

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, David, , ,**

Mailing Address 196 Longstreet Dr

City  
GettysburgState  
PAZip Code  
17325-8920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10652967

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Young, David, , ,**

Mailing Address 196 Longstreet Dr

City  
GettysburgState  
PAZip Code  
17325-8920FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 21 / 2025

Transaction ID : 10653473

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YOUNG, JUDY, , ,**

Mailing Address 2429 Belmont Dr

City  
LivermoreState  
CAZip Code  
94550-6869FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2025

Transaction ID : 10653239

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 188  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Zubay, Bongsoon, , ,**

Mailing Address 124 Monroe Dr

City  
West Palm BeachState  
FLZip Code  
33405-1975FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2025**Transaction ID : 10653709**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zucaro, Gloria, , ,**

Mailing Address 78408 Desert Willow Dr

City  
Palm DesertState  
CAZip Code  
92211-1325FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10654407**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

46322.04

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 188  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. National Association Of Letter Carriers Of U.S.A P**

Mailing Address 100 Indiana Ave NW

City  
WashingtonState  
DCZip Code  
20001-2143FEC ID number of contributing  
federal political committee.**C** C00023580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 10603017**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sheila Cherfilus McCormick For Congress**

Mailing Address 6151 Miramar Pkwy

City  
MiramarState  
FLZip Code  
33023-3970FEC ID number of contributing  
federal political committee.**C** C00677492

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 01 / 2025**Transaction ID : 10603014**

Amount of Each Receipt this Period

550.00

☐ Memo Item

Transfer

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5550.00

5550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 188

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DNC SERVICES CORP / DEMOCRATIC NATIONAL COMMITTEE**

Mailing Address 430 S Capitol St SE

City  
WashingtonState  
DCZip Code  
20003-4024FEC ID number of contributing  
federal political committee.**C** C00010603

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

157619.99

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2025**Transaction ID : 10647046**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DNC SERVICES CORP / DEMOCRATIC NATIONAL COMMITTEE**

Mailing Address 430 S Capitol St SE

City  
WashingtonState  
DCZip Code  
20003-4024FEC ID number of contributing  
federal political committee.**C** C00010603

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160561.16

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2025**Transaction ID : 10647047**

Amount of Each Receipt this Period

2941.17

☐ Memo Item

In-Kind Voter File Access

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17941.17

17941.17

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 188

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Alejandro, Oscar, , ,**Mailing Address 199 SW 12Th Ave  
Apt 501City  
MiamiState  
FLZip Code  
33130-1058FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Information RequestedOccupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2025**Transaction ID : 10670157**

Amount of Each Receipt this Period

395.00

☐ Memo Item

Voter File Purchase

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Alex Fernandez Campaign**

Mailing Address 3200 Chase Ave

City  
Miami BeachState  
FLZip Code  
33140-3435FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2025**Transaction ID : 10668697**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Voter File Purchase

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ELIJAH MANLEY FOR CONGRESS**Mailing Address 1404 E Las Olas Blvd  
Ste BCity  
Fort LauderdaleState  
FLZip Code  
33301-9997FEC ID number of contributing  
federal political committee.**C** C00895896

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2025**Transaction ID : 10668686**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Voter File Purchase

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5795.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 188  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fentrice Driskell For FL State Senate D16**Mailing Address 13220 N 56Th St  
Ste BCity  
Temple TerraceState  
FLZip Code  
33617-1107FEC ID number of contributing  
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2025

**Transaction ID : 10668680**

Amount of Each Receipt this Period

☐ Memo Item

Voter File Purchase

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Luis Viera For Florida House, District 67**

Mailing Address 17726 Long Ridge Rd

City  
TampaState  
FLZip Code  
33647-2523FEC ID number of contributing  
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2025

**Transaction ID : 10668693**

Amount of Each Receipt this Period

☐ Memo Item

Voter File Purchase

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Michele Rayner For State House (FL 70)**

Mailing Address PO Box 35218

City  
Saint PetersburgState  
FLZip Code  
33705-0504FEC ID number of contributing  
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2025

**Transaction ID : 10668722**

Amount of Each Receipt this Period

☐ Memo Item

Voter File Purchase

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 188

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Micky Steinberg Campaign**

Mailing Address 1742 W Flagler St

City  
MiamiState  
FLZip Code  
33135-2017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2025**Transaction ID : 10668689**

Amount of Each Receipt this Period

700.00

☐ Memo Item

Voter File Purchase

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murphy For Mayor**Mailing Address 1032 15Th St NW  
Ste 247City  
WashingtonState  
DCZip Code  
20005-1502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2025**Transaction ID : 10668708**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Voter File Purchase

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stephanie Vazquez For Pasco County Commission District 2**

Mailing Address PO Box 360

City  
Wesley ChapelState  
FLZip Code  
33544FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2025**Transaction ID : 10668691**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Voter File Purchase

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 188

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Thomas Degeorge For Tampa City Council D5**

Mailing Address 2504 E 10Th Ave

City  
TampaState  
FLZip Code  
33605-4109FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2025**Transaction ID : 10668685**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Voter File Purchase

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

14319.97

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 188

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7		2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500558861

Amount of Each Disbursement this Period

281.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4		2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500558862

Amount of Each Disbursement this Period

415.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1		2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500558863

Amount of Each Disbursement this Period

415.98

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1113.51

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 188

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	5	

FEC Identification Number

C C00401224

Transaction ID : 500558864

Amount of Each Disbursement this Period

348.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	5	

FEC Identification Number

C C00401224

Transaction ID : 500558865

Amount of Each Disbursement this Period

186.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 275 7Th Ave

City  
New YorkState  
NYZip Code  
10001-6708

Purpose of Disbursement

Bank Fees

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : 500560030

Amount of Each Disbursement this Period

256.25

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

791.39

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 188

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name (Last, First, Middle Initial)

**A. Andrews, David, , ,**Mailing Address 169 Portsmouth St  
Unit 17City  
ConcordState  
NHZip Code  
03301-5837

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500560037**

Amount of Each Disbursement this Period

427.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blue Cross And Blue Shield Of Florida**

Mailing Address PO Box 44010

City  
JacksonvilleState  
FLZip Code  
32231-4010

Purpose of Disbursement

Health Insurance

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500559976**

Amount of Each Disbursement this Period

929.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Blue Cross And Blue Shield Of Florida**

Mailing Address PO Box 44010

City  
JacksonvilleState  
FLZip Code  
32231-4010

Purpose of Disbursement

Health Insurance - Cobra

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500559978**

Amount of Each Disbursement this Period

929.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2285.86

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 188

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Bumperactive.Com**

Mailing Address 5925 Burnet Rd

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	2	5		

City  
AustinState  
TXZip Code  
78757-3224

FEC Identification Number

**C**

Transaction ID : 500559992

Amount of Each Disbursement this Period

222.15

☐ Memo Item

Purpose of Disbursement

Printing/Webstore Paraphernalia

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. Bumperactive.Com**

Mailing Address 5925 Burnet Rd

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	2	5		

City  
AustinState  
TXZip Code  
78757-3224

FEC Identification Number

**C**

Transaction ID : 500559993

Amount of Each Disbursement this Period

41.57

☐ Memo Item

Purpose of Disbursement

Webstore Monthly Hosting Fee

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. Citi Card**

Mailing Address PO Box 658202

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	5		

City  
DallasState  
TXZip Code  
75265-8202

FEC Identification Number

**C**

Transaction ID : 500560168

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Purpose of Disbursement

Credit Card Payment

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

763.72

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 188

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Grassroots Analytics**

Mailing Address 645 Prospect Hill Rd

City  
RutlandState  
VTZip Code  
05701-9442

Purpose of Disbursement

Digital Fundraising Service

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : 500560091

Amount of Each Disbursement this Period

500.00

☒ Memo Item \*

Full Name (Last, First, Middle Initial)

**B. DNC SERVICES CORP / DEMOCRATIC NATIONAL COMMITTEE**

Mailing Address 430 S Capitol St SE

City  
WashingtonState  
DCZip Code  
20003-4024

Purpose of Disbursement

In-Kind On-Line Voter File Access NGP VAN

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	5	

FEC Identification Number

C

C00010603

Transaction ID : 500560067

Amount of Each Disbursement this Period

2941.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fullam, Samantha, , ,**

Mailing Address 435 Friendship Ave

City  
HellamState  
PAZip Code  
17406-9324

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	5	

FEC Identification Number

C

Transaction ID : 500558765

Amount of Each Disbursement this Period

273.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3214.68



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name (Last, First, Middle Initial)

## **A. Middle Seat**

Mailing Address PO Box 21600

City  
Washington

State  
DC

Zip Code  
20009-9600

Purpose of Disbursement

Digital Fundraising Ads

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2025

FEC Identification Number

C

**Transaction ID : 500560025**

Amount of Each Disbursement this Period

390.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Numero**

Mailing Address 200 Spectrum Center Dr  
Ste 300

City  
Irvine

State  
CA

Zip Code  
92618-5004

Purpose of Disbursement

Software License Fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

FEC Identification Number

C

**Transaction ID : 500559982**

Amount of Each Disbursement this Period

1480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Paragon Payment Solutions**

Mailing Address 2141 E Broadway Rd  
Ste 202

City  
Tempe

State  
AZ

Zip Code  
85282-1895

Purpose of Disbursement

Merchant Fees

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2025

FEC Identification Number

C

**Transaction ID : 500559983**

Amount of Each Disbursement this Period

35.25

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1905.25

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 188

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Democratic Executive Committee of Florida**

Full Name (Last, First, Middle Initial)

**A. Paychex Of New York LLC**

Mailing Address 1100 Adams Ave

City  
NorristownState  
PAZip Code  
19403-2404

Purpose of Disbursement

Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500559987**

Amount of Each Disbursement this Period

39.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex Of New York LLC**

Mailing Address 1100 Adams Ave

City  
NorristownState  
PAZip Code  
19403-2404

Purpose of Disbursement

Paychex Flex Perks

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500559990**

Amount of Each Disbursement this Period

50.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex Of New York LLC**

Mailing Address 1100 Adams Ave

City  
NorristownState  
PAZip Code  
19403-2404

Purpose of Disbursement

Paychex Flex Perks

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	0		2	0	2	5		

FEC Identification Number

**C****Transaction ID : 500560017**

Amount of Each Disbursement this Period

50.07

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

139.24

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 188

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Principal Life Insurance Company**

Mailing Address PO Box 10333

City  
Des MoinesState  
IAZip Code  
50306-0333

Purpose of Disbursement

Life Insurance

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500559981

Amount of Each Disbursement this Period

83.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Scale To Win**

Mailing Address 13742 Harper St

City  
Santa AnaState  
CAZip Code  
92703-1419

Purpose of Disbursement

Text Messaging

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500559984

Amount of Each Disbursement this Period

721.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TD Bank**Mailing Address 255 Alhambra Cir  
FI 2City  
Coral GablesState  
FLZip Code  
33134-7402

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500560010

Amount of Each Disbursement this Period

27.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

832.51

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. TD Bank**Mailing Address 255 Alhambra Cir  
FI 2City  
Coral GablesState  
FLZip Code  
33134-7402

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500560011

Amount of Each Disbursement this Period

11.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TD Bank**Mailing Address 255 Alhambra Cir  
FI 2City  
Coral GablesState  
FLZip Code  
33134-7402

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500560012

Amount of Each Disbursement this Period

29.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

41.89

11088.05

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Association Of State Democratic Committees**

Mailing Address 516 4Th St NE

City  
WashingtonState  
DCZip Code  
20002-4943

Purpose of Disbursement

Transfer to Affiliate

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500560001

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3750.00

**TOTAL** This Period (last page this line number only).....▶

3750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 188

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A.** Butler, Leslie, E, ,

Mailing Address 3816 Cloverhill Ct

City  
BrandonState  
FLZip Code  
33511-7967

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500558866

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

**TOTAL** This Period (last page this line number only).....▶

25.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 188

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Florida Democratic Party Non Federal Account**

Mailing Address 214 S Bronough St

City  
TallahasseeState  
FLZip Code  
32301-1705

Purpose of Disbursement

Transfer to Non Federal

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500560068

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

15000.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB29

Transaction ID : 500560068

Transfer of Excess Contribution from Shashikant Gupta

Form/Schedule:

Transaction ID:



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 188

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Blue Cross And Blue Shield Of Florida**

Mailing Address PO Box 44010

City  
JacksonvilleState  
FLZip Code  
32231-4010

Purpose of Disbursement

Health Insurance

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 500559975

Amount of Each Disbursement this Period

1858.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Fried, Nicole, , ,**

Mailing Address 5307 Pimlico Dr

City  
TallahasseeState  
FLZip Code  
32309-2406

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 500558746

Amount of Each Disbursement this Period

4757.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Fried, Nicole, , ,**

Mailing Address 5307 Pimlico Dr

City  
TallahasseeState  
FLZip Code  
32309-2406

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 500560034

Amount of Each Disbursement this Period

4757.42

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11373.27

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 188

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Granville, Sophie, , ,**

Mailing Address 818 Gaston Foster Rd

City  
OrlandoState  
FLZip Code  
32807-1218

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 500558747

Amount of Each Disbursement this Period

3326.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Granville, Sophie, , ,**

Mailing Address 818 Gaston Foster Rd

City  
OrlandoState  
FLZip Code  
32807-1218

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 500560035

Amount of Each Disbursement this Period

3326.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex Of New York LLC**

Mailing Address 1100 Adams Ave

City  
NorristownState  
PAZip Code  
19403-2404

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	5		

FEC Identification Number

**C**

Transaction ID : 500559986

Amount of Each Disbursement this Period

4103.72

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10757.31

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 188

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Paychex Of New York LLC**

Mailing Address 1100 Adams Ave

City  
NorristownState  
PAZip Code  
19403-2404

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500560015

Amount of Each Disbursement this Period

4065.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Perez Zuniga, Natalia, , ,**Mailing Address 1635 58Th Ter S  
Apt 3City  
Saint PetersburgState  
FLZip Code  
33712-4974

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500558748

Amount of Each Disbursement this Period

2438.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Perez Zuniga, Natalia, , ,**Mailing Address 1635 58Th Ter S  
Apt 3City  
Saint PetersburgState  
FLZip Code  
33712-4974

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500560036

Amount of Each Disbursement this Period

2438.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8943.38

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 188

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

Full Name (Last, First, Middle Initial)

**A. Principal Life Insurance Company**

Mailing Address PO Box 10333

City  
Des MoinesState  
IAZip Code  
50306-0333

Purpose of Disbursement

Life Insurance

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500559980

Amount of Each Disbursement this Period

103.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

103.84

31177.80

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 133 OF 188

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

OutreachCircle, Inc

Nature of Debt (Purpose):

Software License Fee

Mailing Address 444 W Ocean Blvd  
Ste 800City  
Long BeachState  
CAZip Code  
90802-4529

Outstanding Balance Beginning This Period

10000.00

Transaction ID : 1250001258

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

10000.00

2) **TOTALS** This Period (last page this line number only)..... ►

10000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

10000.00

**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

PAGE 134 OF 188

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER 2025 Leadership Blue ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported <b>Transaction ID : 96N</b>	FEDERAL % <div>15.00 %</div>	NONFEDERAL % <div>85.00 %</div>
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 135 OF 188

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

NAME OF ACCOUNT

Non Federal

DATE OF RECEIPT

MM / DD / YYYY  
07 / 01 / 2025

TOTAL AMOUNT TRANSFERRED

318287.84

## BREAKDOWN OF TRANSFER RECEIVED

i) **Total Administrative** .....

151037.93

Transaction ID : 883AD

ii) **Generic Voter Drive** .....iii) **Exempt Activities**.....iv) **Direct Fundraising** (List Activity or Event Identifier)

a) 2025 Leadership Blue

167249.91

Transaction ID : 2624Q

b) .....

c) Total Amount Transferred For Direct Fundraising .....

167249.91

v) **Direct Candidate Support** (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) **Public Communications Referring Only to Party** (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

**TOTAL** This Period (Administrative) .....

151037.93

**TOTAL** This Period (Generic Voter Drive) .....

0.00

**TOTAL** This Period (Exempt Activities) .....

0.00

**TOTAL** This Period (Direct Fundraising) .....

167249.91

**TOTAL** This Period (Direct Candidate Support) .....

0.00

**TOTAL** This Period (Public Communications Referring Only to Party) .....

0.00

**TOTAL** This Period (Total Amount Transferred).....

318287.84

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 136 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560000</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
7 Vikings Security, LLC			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 45 Balmoral Way			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Colorado Springs	CO	80906-7986		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Monthly Comprehensive Cybersecurity			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 10 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
735.00			2765.00	
		=	TOTAL AMOUNT	
			3500.00	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560129</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Adnan, Syed, F, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3661 SE 5Th Ct			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Cape Coral	FL	33904-5202		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Stale Check Adjustment			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 31 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
- 21.73			- 81.77	
		=	TOTAL AMOUNT	
			- 103.50	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560020</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Adobe Systems Inc.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 345 Park Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
San Jose	CA	95110-2704		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Software License Fee			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 23 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
211.60			796.04	
		=	TOTAL AMOUNT	
			1007.64	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
924.87		3479.27		4404.14

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: H4  
Transaction ID : 500560129

Original payment made during 2021-2022 cycle with 100% Federal Funds

Form/Schedule:  
Transaction ID:

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 138 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560027</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
American Airlines - Corporate			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 4255 Amon Carter Blvd # MD2400			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Ft Worth	State TX	Zip Code 76155-2603	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Airfare		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
79.16			297.81	376.97

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559433</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
American Express			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 6031			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Carol Stream	State IL	Zip Code 60197-6031	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Credit Card Payment		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
91.35			343.65	435.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500559439</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Airport Parking Garage			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 300 S Adams St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32301-1721	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Parking		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
3.15			11.85	15.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
170.51		641.46		811.97

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 139 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500559432</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Constant Contact			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1601 Trapelo Rd Ste 329			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Waltham	State MA	Zip Code 02451-7357	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Software License Fee		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date MM / DD / YYYY 07 / 16 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
77.91			293.09	
		=	TOTAL AMOUNT	
			371.00	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559437</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
StreamYard			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 8101 SW Nyberg St Ste 210			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tualatin	State OR	Zip Code 97062-9464	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Software License Fee		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date MM / DD / YYYY 07 / 16 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
10.29			38.71	
		=	TOTAL AMOUNT	
			49.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560031</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Awards 4 U			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1387 E Lafayette St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32301-4724	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Printing/ Awards Event		Category/ Type	Allocated Activity or Event Year-To-Date 241476.53	
Activity or Event Identifier: 2025 Leadership Blue			Date MM / DD / YYYY 07 / 29 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
15.31			86.76	
		=	TOTAL AMOUNT	
			102.07	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.31		86.76		102.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500558749</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Berger, Rachel, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 463 Bayou Village Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Tarpon Springs	FL	34689-3607		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 03 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
918.26			3454.40	
		=	TOTAL AMOUNT	
			4372.66	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560038</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Berger, Rachel, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 463 Bayou Village Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Tarpon Springs	FL	34689-3607		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 18 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
918.26			3454.41	
		=	TOTAL AMOUNT	
			4372.67	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500559977</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Blue Cross And Blue Shield Of Florida			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 44010			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Jacksonville	FL	32231-4010		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Health Insurance			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 01 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
3063.64			11525.12	
		=	TOTAL AMOUNT	
			14588.76	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4900.16		18433.93		23334.09

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500558750</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Brocker, Paige, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1900 Centre Pointe Blvd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Tallahassee	FL	32308-4881		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 03 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
447.55			1683.64	
		=	TOTAL AMOUNT	
			2131.19	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560039</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Brocker, Paige, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1900 Centre Pointe Blvd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Tallahassee	FL	32308-4881		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 18 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
447.55			1683.64	
		=	TOTAL AMOUNT	
			2131.19	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500558751</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
BYRNES, CHRISTOPHER, D, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address N82W13414 Fond Du Lac Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Menomonee Falls	WI	53051-3930		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 03 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
634.12			2385.50	
		=	TOTAL AMOUNT	
			3019.62	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1529.22		5752.78		7282.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 142 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560040</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
BYRNES, CHRISTOPHER, D, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address N82W13414 Fond Du Lac Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Menomonee Falls	WI	53051-3930		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 18 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
634.12			2385.50	
		=	TOTAL AMOUNT	
			3019.62	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559973</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Carducci, Joanne, , ,			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 112 E Prospect St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Hackettstown	NJ	07840-1333		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Reimbursement			241476.53	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
2025 Leadership Blue			07 / 23 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
129.29			732.67	
		=	TOTAL AMOUNT	
			861.96	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560123</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
United Airlines, Inc. - Corporate			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 233 S Wacker Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Chicago	IL	60606-7147		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Airfare			241476.53	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
2025 Leadership Blue			07 / 07 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
129.29			732.67	
		=	TOTAL AMOUNT	
			861.96	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
763.41		3118.17		3881.58

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial) Transaction ID : 500560032

☐ Memo Item

Citi Card

Mailing Address PO Box 658202

City Dallas

State TX

Zip Code 75265-8202

Purpose of Disbursement:  
Credit Card Payment

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1910.07

7185.52

9095.59

B. Full Name (Last, First, Middle Initial) Transaction ID : 500560096

☒ Memo Item

1-800-Flowers

Mailing Address 3810 W Neptune St  
Ste B

City Tampa

State FL

Zip Code 33629-5838

Purpose of Disbursement:  
Flowers

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

17.07

64.22

81.29

C. Full Name (Last, First, Middle Initial) Transaction ID : 500560095

☒ Memo Item

Amazon.Com

Mailing Address 1200 12Th Ave S

City Seattle

State WA

Zip Code 98144-2712

Purpose of Disbursement:  
Office Supplies

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

173.08

651.09

824.17

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1910.07

7185.52

9095.59

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 05/2016

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 144 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560098</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
American Airlines - Corporate			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 4255 Amon Carter Blvd # MD2400			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Ft Worth	State TX	Zip Code 76155-2603	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Airfare		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
490.00			1843.33	2333.33

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560081</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Banquets And Catering FL			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1320 N Dixie Hwy Unit 6			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Hollywood	State FL	Zip Code 33020-3049	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Food and Beverages		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
3.78			14.21	17.99

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560093</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
BP Exploration & Oil Inc.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 4421 Bradley Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Cleveland	State OH	Zip Code 44109-3771	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Fuel		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
39.28			147.78	187.06

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 145 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560073</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Canva.Com			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 75 E Santa Clara St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
San Jose	CA	95113-1827		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Software License Fee			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
3.15			11.85	
		=	TOTAL AMOUNT	
			15.00	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560090</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
City Of Coral Gables			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 141549			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Coral Gables	FL	33114-1549		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Parking Fee			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
2.68			10.07	
		=	TOTAL AMOUNT	
			12.75	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560085</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Critical Mention			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 4458			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Houston	TX	77210-4458		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Media Monitoring Service			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
142.62			536.53	
		=	TOTAL AMOUNT	
			679.15	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 146 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560071</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Delta Airlines			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 20706			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Atlanta	GA	30320-6001		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Airfare			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
162.62			611.74	
		=	TOTAL AMOUNT	
			774.36	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560070</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
DoubleTree By Hilton			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 60 S Ivanhoe Blvd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Orlando	FL	32804-6441		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Parking Fee			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
3.25			12.24	
		=	TOTAL AMOUNT	
			15.49	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560076</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
ElectionBuddy.Com			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 8008 104 St NW Suite 217			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Edmonton AB T6E 4E2 Canada	ZZ	00000		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Software License Fee			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
219.66			826.34	
		=	TOTAL AMOUNT	
			1046.00	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 147 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560088</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Expedia Travel			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3150 139Th Ave SE			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Bellevue	State WA	Zip Code 98005-4046	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Airfare		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
45.16			169.88	215.04

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560089</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
FileMaker, Inc			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5201 Patrick Henry Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Santa Clara	State CA	Zip Code 95054-1164	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Software License Fee		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
277.20			1042.80	1320.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560072</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
HP Insta Ink			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1501 Page Mill Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Palo Alto	State CA	Zip Code 94304-1126	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: office Supplies		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
1.80			6.75	8.55

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 148 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560077</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Marriott At Little Rock			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3 Statehouse Plz			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Little Rock	AR	72201-1404		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Lodging			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
126.37			475.40	
		=	TOTAL AMOUNT	
			601.77	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560086</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
My Place Self Storage Tallahassee			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1851 S Monroe St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Tallahassee	FL	32301-5527		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Storage Facility Rent			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
40.40			152.00	
		=	TOTAL AMOUNT	
			192.40	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560087</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Notion Labs Inc			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2300 Harrison St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
San Francisco	CA	94110-2013		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Software License Fee			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 17 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
5.04			18.96	
		=	TOTAL AMOUNT	
			24.00	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial) Transaction ID : 500560079

☒ Memo Item

Office Depot - Corporate

Mailing Address 6600 N Military Trl

City Boca Raton

State FL

Zip Code 33496-2434

Purpose of Disbursement:  
Office Supplies

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

1.74

+

NONFEDERAL SHARE

6.54

=

TOTAL AMOUNT

8.28

B. Full Name (Last, First, Middle Initial) Transaction ID : 500560092

☒ Memo Item

Paperform Pro

Mailing Address 2323 Venture Ct

City Neenah

State WI

Zip Code 54956-4890

Purpose of Disbursement:  
Office Supplies

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

11.15

+

NONFEDERAL SHARE

41.95

=

TOTAL AMOUNT

53.10

C. Full Name (Last, First, Middle Initial) Transaction ID : 500560069

☒ Memo Item

Paychex Of New York LLC

Mailing Address 1100 Adams Ave

City Norristown

State PA

Zip Code 19403-2404

Purpose of Disbursement:  
Payroll Service Fee

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

42.00

+

NONFEDERAL SHARE

158.00

=

TOTAL AMOUNT

200.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

0.00

+

NONFEDERAL SHARE

0.00

=

TOTAL AMOUNT

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 05/2016

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial) Transaction ID : 500560078

☒ Memo Item

Samantha's Tap Room

Mailing Address 322 Main St

City Little Rock

State AR

Zip Code 72201-2813

Purpose of Disbursement:  
Food and Beverages

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:  
☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

15.97

+

NONFEDERAL SHARE

60.09

=

TOTAL AMOUNT

76.06

B. Full Name (Last, First, Middle Initial) Transaction ID : 500560094

☒ Memo Item

Target - Corporate

Mailing Address 1000 Nicollet Mall

City Minneapolis

State MN

Zip Code 55403-2542

Purpose of Disbursement:  
Office Supplies

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:  
☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

9.42

+

NONFEDERAL SHARE

35.43

=

TOTAL AMOUNT

44.85

C. Full Name (Last, First, Middle Initial) Transaction ID : 500560074

☒ Memo Item

Trader Joe's - Corporate

Mailing Address 800 S Shamrock Ave

City Monrovia

State CA

Zip Code 91016-6346

Purpose of Disbursement:  
Office Supplies

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:  
☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 17 / 2025

FEDERAL SHARE

3.53

+

NONFEDERAL SHARE

13.29

=

TOTAL AMOUNT

16.82

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

0.00

+

NONFEDERAL SHARE

0.00

=

TOTAL AMOUNT

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 05/2016

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560075</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Uber Eats			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1455 Market St FI 4			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City San Francisco	State CA	Zip Code 94103-1355	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Food and Beverages		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
13.36			50.26	63.62

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560080</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Uber Technologies Inc.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 182 Howard St # 8			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City San Francisco	State CA	Zip Code 94105-1611	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Ground Transportation		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
53.45			201.06	254.51

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560084</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Valet Fort Lauderdale			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 209 SW 2Nd Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Fort Lauderdale	State FL	Zip Code 33301-1825	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Parking Fee		Category/ Type	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
6.30			23.70	30.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560099</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Citi Card			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 658202			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Dallas	State TX	Zip Code 75265-8202	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Credit Card Payment		Category/ Type	Allocated Activity or Event Year-To-Date 241476.53	
Activity or Event Identifier: 2025 Leadership Blue			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
281.79			1596.78	1878.57

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560100</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Awards 4 U			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1387 E Lafayette St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32301-4724	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Awards for Event/Fundraiser		Category/ Type	Allocated Activity or Event Year-To-Date 241476.53	
Activity or Event Identifier: 2025 Leadership Blue			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
84.66			479.72	564.38

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560101</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
ClothesLine			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1369 E Lafayette St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32301-4781	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Florida Generic T-shirts for event, Not on behalf of any federal candidate		Category/ Type	Allocated Activity or Event Year-To-Date 241476.53	
Activity or Event Identifier: 2025 Leadership Blue			Date <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
197.13			1117.06	1314.19

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
281.79		1596.78		1878.57

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560021</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
ClothesLine			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1369 E Lafayette St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Tallahassee	FL	32301-4781		
Purpose of Disbursement: Printing - Shirts		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
190.68			1080.51	
		=	TOTAL AMOUNT	
			1271.19	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559991</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Comcast Business			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 105184			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Atlanta	GA	30348-5184		
Purpose of Disbursement: Monthly Service		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
118.01			443.94	
		=	TOTAL AMOUNT	
			561.95	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560130</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Coteat, Tymaine, M, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 9327 Sibbald Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Jacksonville	FL	32208-1668		
Purpose of Disbursement: Stale Check Adjustment		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
- 36.23			- 136.27	
		=	TOTAL AMOUNT	
			- 172.50	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
272.46		1388.18		1660.64

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: H4  
Transaction ID : 500560130

Original payment made during 2021-2022 cycle with 100% Federal Funds

Form/Schedule:  
Transaction ID:

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560002</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Cromwell And Company			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 34029 Schwartz Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Avon	State OH	Zip Code 44011-2463	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Web Hosting & Domain		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
2194.50			8255.50	
		=	TOTAL AMOUNT	
			10450.00	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560003</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Cromwell And Company			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 34029 Schwartz Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Avon	State OH	Zip Code 44011-2463	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Website Revisions & Troubleshooting		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
315.00			1185.00	
		=	TOTAL AMOUNT	
			1500.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560028</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Delta Airlines			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 20706			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Atlanta	State GA	Zip Code 30320-6001	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Airfare		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
85.46			321.51	
		=	TOTAL AMOUNT	
			406.97	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2594.96		9762.01		12356.97

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

## SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

PAGE 156 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500558752</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Dorman, Alexis, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5785 Lake Melrose Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Orlando	FL	32829-7690		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 03 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
554.01			2084.11	
		=	TOTAL AMOUNT	
			2638.12	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560041</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Dorman, Alexis, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5785 Lake Melrose Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Orlando	FL	32829-7690		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 18 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
554.01			2084.11	
		=	TOTAL AMOUNT	
			2638.12	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500558753</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Escowitz, Mackenzie, Reese, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2314 Sebago Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Lakeland	FL	33805-8005		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 03 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
352.34			1325.49	
		=	TOTAL AMOUNT	
			1677.83	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1460.36		5493.71		6954.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560042</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Escowitz, Mackenzie, Reese, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2314 Sebago Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Lakeland	State FL	Zip Code 33805-8005	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Payroll		Category/ Type	Date <input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2025"/>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
352.35			1325.49	1677.84

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560102</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Fried, Nicole, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5307 Pimlico Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Tallahassee	State FL	Zip Code 32309-2406	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Reimbursement		Category/ Type	Date <input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2025"/>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
325.58			1224.81	1550.39

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560106</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Hyatt Regency Coral Gables			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 50 Alhambra Plz			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Coral Gables	State FL	Zip Code 33134-5204	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Lodging		Category/ Type	Date <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2025"/>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
151.49			569.89	721.38

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
677.93		2550.30		3228.23

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560104</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Marriott At Little Rock			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3 Statehouse Plz			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Little Rock	AR	72201-1404		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Lodging			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 10 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
136.48			513.44	
		=	TOTAL AMOUNT	
			649.92	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560105</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Tallahassee Airport			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3300 Capital Cir SW			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Tallahassee	FL	32310-8732		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Parking			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 01 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
18.90			71.10	
		=	TOTAL AMOUNT	
			90.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560103</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Uber Technologies Inc.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 182 Howard St # 8			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
San Francisco	CA	94105-1611		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Ground Transportation			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 10 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
18.71			70.38	
		=	TOTAL AMOUNT	
			89.09	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500559966</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Granville, Sophie, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 818 Gaston Foster Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Orlando	FL	32807-1218	1158799.79	
Purpose of Disbursement:		Category/ Type	Date	
Mileage Reimbursement			MM / DD / YYYY	
Activity or Event Identifier:			07 / 10 / 2025	
Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
102.43			385.33	
		=	TOTAL AMOUNT	
			487.76	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559967</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Granville, Sophie, , ,			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 818 Gaston Foster Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Orlando	FL	32807-1218	241476.53	
Purpose of Disbursement:		Category/ Type	Date	
Reimbursement			MM / DD / YYYY	
Activity or Event Identifier:			07 / 10 / 2025	
2025 Leadership Blue				
FEDERAL SHARE		+	NONFEDERAL SHARE	
4.15			23.51	
		=	TOTAL AMOUNT	
			27.66	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560107</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Target - Corporate			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1000 Nicollet Mall			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Minneapolis	MN	55403-2542	1158799.79	
Purpose of Disbursement:		Category/ Type	Date	
Office Supplies			MM / DD / YYYY	
Activity or Event Identifier:			07 / 04 / 2025	
Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
2.23			8.39	
		=	TOTAL AMOUNT	
			10.62	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
106.58		408.84		515.42

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560108</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Walgreen's - Corporate			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 200 Wilmot Rd 200 Wilmot Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Deerfield State IL Zip Code 60015			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Office Supplies			Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
Category/Type			Date 07 / 04 / 2025	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
3.58 13.46 17.04				

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500558754</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Hawk, Danielle, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2033 NE 15Th Ter			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Gainesville State FL Zip Code 32609-3978			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll			Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
Category/Type			Date 07 / 03 / 2025	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
573.70 2158.22 2731.92				

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560043</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Hawk, Danielle, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2033 NE 15Th Ter			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Gainesville State FL Zip Code 32609-3978			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll			Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
Category/Type			Date 07 / 18 / 2025	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
573.70 2158.20 2731.90				

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1147.40		4316.42		5463.82

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500559974</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Hawk, Danielle, , ,			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2033 NE 15Th Ter			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Gainesville	State FL	Zip Code 32609-3978	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Reimbursement		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
45.36			257.04	
		=	TOTAL AMOUNT	
			302.40	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560127</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
FedEx - Corporate			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3610 Hacks Cross Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Memphis	State TN	Zip Code 38125-8800	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Printing		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
2.71			15.37	
		=	TOTAL AMOUNT	
			18.08	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560124</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Hawk, Danielle, , ,			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2033 NE 15Th Ter			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Gainesville	State FL	Zip Code 32609-3978	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Mileage Reimbursement		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
25.13			142.37	
		=	TOTAL AMOUNT	
			167.50	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.36		257.04		302.40

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560125</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Sunpass - Corporate			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 7941 Glades Rd 7941 Glades Rd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Boca Raton	State FL	Zip Code 33434	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Parking and Toll Fees		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
13.86			78.56	
		=	TOTAL AMOUNT	
			92.42	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560126</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
Uber Technologies Inc.			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 182 Howard St # 8			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City San Francisco	State CA	Zip Code 94105-1611	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Ground Transportation		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
3.66			20.74	
		=	TOTAL AMOUNT	
			24.40	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500558755</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Holmes, Sierra, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 15316 Perdido Dr # 15316			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Orlando	State FL	Zip Code 32828-5235	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
524.46			1972.96	
		=	TOTAL AMOUNT	
			2497.42	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
524.46		1972.96		2497.42

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560044</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Holmes, Sierra, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 15316 Perdido Dr # 15316			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Orlando	State FL	Zip Code 32828-5235	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
524.46			1972.96	
		=	TOTAL AMOUNT	
			2497.42	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559994</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
JBM Photography			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 10428 114Th Ter			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Largo	State FL	Zip Code 33773-2408	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Event/Photography		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
80.25			454.75	
		=	TOTAL AMOUNT	
			535.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560022</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Medcom			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 10269			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Jacksonville	State FL	Zip Code 32247-0269	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: COBRA Insurance Management		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
110.88			417.12	
		=	TOTAL AMOUNT	
			528.00	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
715.59		2844.83		3560.42

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500558756</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mendez, Matthew, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2636 Mission Rd Unit 104			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32304-2572	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
342.09			1286.91	
		=	TOTAL AMOUNT	
			1629.00	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560045</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mendez, Matthew, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2636 Mission Rd Unit 104			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32304-2572	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
342.09			1286.91	
		=	TOTAL AMOUNT	
			1629.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560024</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Messer Caparello, P.A.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 15579			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32317-5579	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Legal Fees		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
1405.25			5286.40	
		=	TOTAL AMOUNT	
			6691.65	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2089.43		7860.22		9949.65

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500558757</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Moore, Keith, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1705 Raa Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32303-4415	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
591.20			2224.05	
		=	TOTAL AMOUNT	
			2815.25	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559968</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Moore, Keith, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1705 Raa Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32303-4415	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Reimbursement		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
49.37			185.74	
		=	TOTAL AMOUNT	
			235.11	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560113</b> <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
DOCS Office Supplies			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3360 Raymond Diehl Business Ln			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32308	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Office Supplies		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
42.96			161.61	
		=	TOTAL AMOUNT	
			204.57	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
640.57		2409.79		3050.36

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial) Transaction ID : 500560114

☒ Memo Item

Sunpass - Corporate

Mailing Address 7941 Glades Rd 7941 Glades Rd

City Boca Raton

State FL

Zip Code 33434

Purpose of Disbursement:  
Tolls

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:

☒ Administrative

☐ Fundraising

☐ Exempt

☐ Voter Drive

☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 01 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

6.41

24.13

30.54

B. Full Name (Last, First, Middle Initial) Transaction ID : 500559969

☐ Memo Item

Moore, Keith, , ,

Mailing Address 1705 Raa Ave

City Tallahassee

State FL

Zip Code 32303-4415

Purpose of Disbursement:  
Reimbursement

Activity or Event Identifier:  
2025 Leadership Blue

Category/  
Type

Allocated Activity or Event:

☐ Administrative

☒ Fundraising

☐ Exempt

☐ Voter Drive

☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

241476.53

Date

MM / DD / YYYY

07 / 10 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

174.77

990.35

1165.12

C. Full Name (Last, First, Middle Initial) Transaction ID : 500560120

☒ Memo Item

Barnes & Noble

Mailing Address 2501 Tyrone Blvd N

City Saint Petersburg

State FL

Zip Code 33710-3927

Purpose of Disbursement:  
Event Expense

Activity or Event Identifier:  
2025 Leadership Blue

Category/  
Type

Allocated Activity or Event:

☐ Administrative

☒ Fundraising

☐ Exempt

☐ Voter Drive

☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

241476.53

Date

MM / DD / YYYY

07 / 01 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

4.01

22.74

26.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

174.77

990.35

1165.12

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 05/2016

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial) Transaction ID : 500560121

☒ Memo Item

Blueprint Cookies

Mailing Address 917 NE 5Th Ave

CityFort Lauderdale

StateFL

Zip Code33304-2671

Purpose of Disbursement:  
Event Expense

Activity or Event Identifier:  
2025 Leadership Blue

Category/  
Type

Allocated Activity or Event:

☐ Administrative☒ Fundraising☐ Exempt

☐ Voter Drive☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

241476.53

Date

MM07

DD01

YYYY2025

FEDERAL SHARE

8.03

+

NONFEDERAL SHARE

45.50

=

TOTAL AMOUNT

53.53

B. Full Name (Last, First, Middle Initial) Transaction ID : 500560118

☒ Memo Item

FedEx - Corporate

Mailing Address 3610 Hacks Cross Rd

CityMemphis

StateTN

Zip Code38125-8800

Purpose of Disbursement:  
Printing for Event

Activity or Event Identifier:  
2025 Leadership Blue

Category/  
Type

Allocated Activity or Event:

☐ Administrative☒ Fundraising☐ Exempt

☐ Voter Drive☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

241476.53

Date

MM07

DD10

YYYY2025

FEDERAL SHARE

26.13

+

NONFEDERAL SHARE

148.04

=

TOTAL AMOUNT

174.17

C. Full Name (Last, First, Middle Initial) Transaction ID : 500560116

☒ Memo Item

Hobby Lobby

Mailing Address 3483 Thomasville Rd

CityTallahassee

StateFL

Zip Code32309-3425

Purpose of Disbursement:  
Event Supplies

Activity or Event Identifier:  
2025 Leadership Blue

Category/  
Type

Allocated Activity or Event:

☐ Administrative☒ Fundraising☐ Exempt

☐ Voter Drive☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

241476.53

Date

MM07

DD01

YYYY2025

FEDERAL SHARE

5.20

+

NONFEDERAL SHARE

29.44

=

TOTAL AMOUNT

34.64

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

0.00

+

NONFEDERAL SHARE

0.00

=

TOTAL AMOUNT

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 05/2016

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial) Transaction ID : 500560117

☒ Memo Item

Michael's

Mailing Address 1524 Governors Square Blvd

City Tallahassee

State FL

Zip Code 32301-3019

Purpose of Disbursement:  
Event Decorations

Activity or Event Identifier:  
2025 Leadership Blue

Category/  
Type

Allocated Activity or Event:  
☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
241476.53

Date

MM / DD / YYYY

07 / 01 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

17.95

101.74

119.69

B. Full Name (Last, First, Middle Initial) Transaction ID : 500560115

☒ Memo Item

Moore, Keith, , ,

Mailing Address 1705 Raa Ave

City Tallahassee

State FL

Zip Code 32303-4415

Purpose of Disbursement:  
Mileage Reimbursement

Activity or Event Identifier:  
2025 Leadership Blue

Category/  
Type

Allocated Activity or Event:  
☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
241476.53

Date

MM / DD / YYYY

07 / 10 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

105.59

598.33

703.92

C. Full Name (Last, First, Middle Initial) Transaction ID : 500560119

☒ Memo Item

Total Wine & More

Mailing Address 1720 N Dale Mabry Hwy

City Tampa

State FL

Zip Code 33607-2520

Purpose of Disbursement:  
Event Expense

Activity or Event Identifier:  
2025 Leadership Blue

Category/  
Type

Allocated Activity or Event:  
☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
241476.53

Date

MM / DD / YYYY

07 / 01 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

7.86

44.56

52.42

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

0.00

0.00

0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 05/2016



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 169 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560046</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Moore, Keith, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1705 Raa Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Tallahassee	FL	32303-4415		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 18 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
591.20			2224.03	
		=	TOTAL AMOUNT	
			2815.23	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560131</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Morency, Julie, , ,			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Exempt	
Mailing Address 1723 SW 2Nd Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Apt 1103			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Miami	FL	33129-2165	- 276.00	
Purpose of Disbursement:		Category/ Type	M M / D D / Y Y Y Y Y Y	
State Check Adjustment			07 / 31 / 2025	
Activity or Event Identifier:		Date		
Exempt Activity				
FEDERAL SHARE		+	NONFEDERAL SHARE	
- 36.23			- 136.27	
		=	TOTAL AMOUNT	
			- 172.50	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500559995</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
NGP VAN, Inc.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1101 15Th St NW			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Ste 500			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Washington	DC	20005-5006	1158799.79	
Purpose of Disbursement:		Category/ Type	M M / D D / Y Y Y Y Y Y	
Software License Fee			07 / 09 / 2025	
Activity or Event Identifier:		Date		
Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
749.70			2820.30	
		=	TOTAL AMOUNT	
			3570.00	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1304.67		4908.06		6212.73

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: H4  
Transaction ID : 500560131

Original payment made during 2021-2022 cycle with 100% Federal Funds

Form/Schedule:  
Transaction ID:

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 171 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500559996</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
NGP VAN, Inc.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1101 15Th St NW Ste 500			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Washington	State DC	Zip Code 20005-5006	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Software License Fee		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
749.70			2820.30	3570.00

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560026</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
NGP VAN, Inc.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1101 15Th St NW Ste 500			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Washington	State DC	Zip Code 20005-5006	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Software License Fee		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
749.70			2820.30	3570.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500558758</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Nunley, Jared, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1049 Mary Jane Ln			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Dunedin	State FL	Zip Code 34698-3506	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
90.18			339.25	429.43

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1589.58		5979.85		7569.43

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 172 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560047</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Nunley, Jared, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1049 Mary Jane Ln			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Dunedin	State FL	Zip Code 34698-3506	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
Category/ Type		Date		
		MM / DD / YYYY		
		07 / 18 / 2025		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
112.81			424.38	537.19

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500558759</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Paez, Alejandro, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 18072 SW 107Th Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Miami	State FL	Zip Code 33157-5359	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
Category/ Type		Date		
		MM / DD / YYYY		
		07 / 03 / 2025		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
92.35			347.39	439.74

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560048</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Paez, Alejandro, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 18072 SW 107Th Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Miami	State FL	Zip Code 33157-5359	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
Category/ Type		Date		
		MM / DD / YYYY		
		07 / 18 / 2025		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
61.09			229.81	290.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
266.25		1001.58		1267.83

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 173 OF 188

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500559985</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Paychex Of New York LLC			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1100 Adams Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Norristown	State PA	Zip Code 19403-2404	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Payroll Service Fee		Category/ Type	Date <input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2025"/>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
108.67			408.81	
		=	TOTAL AMOUNT	
			517.48	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559988</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Paychex Of New York LLC			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1100 Adams Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Norristown	State PA	Zip Code 19403-2404	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Payroll Taxes		Category/ Type	Date <input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2025"/>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
2425.08			9122.90	
		=	TOTAL AMOUNT	
			11547.98	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500559989</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Paychex Of New York LLC			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1100 Adams Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Norristown	State PA	Zip Code 19403-2404	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Workers' Comp		Category/ Type	Date <input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2025"/>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
33.78			127.09	
		=	TOTAL AMOUNT	
			160.87	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2567.53		9658.80		12226.33

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
Democratic Executive Committee of Florida

A. Full Name (Last, First, Middle Initial) Transaction ID : 500560008

☐ Memo Item

Paychex Of New York LLC

Mailing Address 1100 Adams Ave

CityNorristown

StatePA

Zip Code19403-2404

Purpose of Disbursement:  
Payroll Service Fee

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:  
☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 11 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

42.21

158.79

201.00

B. Full Name (Last, First, Middle Initial) Transaction ID : 500560014

☐ Memo Item

Paychex Of New York LLC

Mailing Address 1100 Adams Ave

CityNorristown

StatePA

Zip Code19403-2404

Purpose of Disbursement:  
Payroll Service Fee

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:  
☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 18 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

54.60

205.38

259.98

C. Full Name (Last, First, Middle Initial) Transaction ID : 500560016

☐ Memo Item

Paychex Of New York LLC

Mailing Address 1100 Adams Ave

CityNorristown

StatePA

Zip Code19403-2404

Purpose of Disbursement:  
Payroll Taxes

Activity or Event Identifier:  
Administrative

Category/  
Type

Allocated Activity or Event:  
☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1158799.79

Date

MM / DD / YYYY

07 / 20 / 2025

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2425.83

9125.75

11551.58

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2522.64

9489.92

12012.56

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

FEC Schedule H4 (Form 3X) Rev. 05/2016

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560018</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Paychex Of New York LLC			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1100 Adams Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Norristown	State PA	Zip Code 19403-2404	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Workers' Comp		Category/ Type	Date MM / DD / YYYY 07 / 20 / 2025	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
33.38			125.57	158.95

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560019</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Paychex Of New York LLC			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1100 Adams Ave			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Norristown	State PA	Zip Code 19403-2404	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Payroll Service Fee		Category/ Type	Date MM / DD / YYYY 07 / 21 / 2025	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
53.84			202.56	256.40

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560004</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Political CFOs			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3000 Airport Dr Unit 204			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Erie	State CO	Zip Code 80516-8134	Allocated Activity or Event Year-To-Date 1158799.79	
Purpose of Disbursement: Accounting & Compliance Services		Category/ Type	Date MM / DD / YYYY 07 / 10 / 2025	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
1842.70			6932.05	8774.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1929.92		7260.18		9190.10

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500559979</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Principal Life Insurance Company			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 10333			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Des Moines	IA	50306-0333		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Life Insurance			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 01 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
137.20			516.14	
		=	TOTAL AMOUNT	
			653.34	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500558760</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Reidy, Alexandria, Lillian, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 107 King St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Unit 3005			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
St Augustine	FL	32084-4493	1158799.79	
Purpose of Disbursement:		Category/ Type	M M / D D / Y Y Y Y Y Y	
Payroll			07 / 03 / 2025	
Activity or Event Identifier:		Date		
Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
128.59			483.72	
		=	TOTAL AMOUNT	
			612.31	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560049</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Reidy, Alexandria, Lillian, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 107 King St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Unit 3005			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
St Augustine	FL	32084-4493	1158799.79	
Purpose of Disbursement:		Category/ Type	M M / D D / Y Y Y Y Y Y	
Payroll			07 / 18 / 2025	
Activity or Event Identifier:		Date		
Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
110.47			415.56	
		=	TOTAL AMOUNT	
			526.03	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
376.26		1415.42		1791.68

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560005</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
RJ Young Company			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 809 Division St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Nashville	State TN	Zip Code 37203-4108	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Copier Lease		Category/ Type	1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
150.67			566.83	717.50

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560006</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
RJ Young Company			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 809 Division St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Nashville	State TN	Zip Code 37203-4108	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Copier Lease		Category/ Type	1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
150.67			566.83	717.50

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560007</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
RJ Young Company			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 809 Division St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Nashville	State TN	Zip Code 37203-4108	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Copier Lease		Category/ Type	1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
206.06			775.16	981.22

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
507.40		1908.82		2416.22

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500559970</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Scarpa, Shelby, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 850 S Gadsden St Unit 713			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32301-2441	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: General Transition Consultant		<input type="text"/>	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text"/> 07 / <input type="text"/> 10 / <input type="text"/> 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
1260.00			4740.00	6000.00

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559971</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Scarpa, Shelby, , ,			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 850 S Gadsden St Unit 713			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32301-2441	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Per Diem - Leadership Blue		<input type="text"/>	Allocated Activity or Event Year-To-Date 241476.53	
Activity or Event Identifier: 2025 Leadership Blue			Date <input type="text"/> 07 / <input type="text"/> 10 / <input type="text"/> 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
27.60			156.40	184.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500558761</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Smith, Suzanne, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5238 Hammock Pointe Ct			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Saint Cloud	State FL	Zip Code 34771-8796	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		<input type="text"/>	Allocated Activity or Event Year-To-Date 1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text"/> 07 / <input type="text"/> 03 / <input type="text"/> 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
405.37			1524.94	1930.31

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1692.97		6421.34		8114.31

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560050</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Smith, Suzanne, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5238 Hammock Pointe Ct			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Saint Cloud	FL	34771-8796		
Purpose of Disbursement:		Category/ Type	Allocated Activity or Event Year-To-Date	
Payroll			1158799.79	
Activity or Event Identifier:		Date	M M / D D / Y Y Y Y Y Y	
Administrative			07 / 18 / 2025	
FEDERAL SHARE		+	NONFEDERAL SHARE	
405.37			1524.95	
		=	TOTAL AMOUNT	
			1930.32	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560055</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Staclabs, Inc			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 24 A Trolley Sq			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
# 1223			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Wilmington	DE	19806-3334	1158799.79	
Purpose of Disbursement:		Category/ Type	M M / D D / Y Y Y Y Y Y	
Digital Consulting Fees			07 / 09 / 2025	
Activity or Event Identifier:		Date		
Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
856.80			3223.20	
		=	TOTAL AMOUNT	
			4080.00	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560056</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Staclabs, Inc			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 24 A Trolley Sq			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
# 1223			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Wilmington	DE	19806-3334	1158799.79	
Purpose of Disbursement:		Category/ Type	M M / D D / Y Y Y Y Y Y	
Digital Consulting Fees			07 / 23 / 2025	
Activity or Event Identifier:		Date		
Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
856.80			3223.20	
		=	TOTAL AMOUNT	
			4080.00	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2118.97		7971.35		10090.32

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560051</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Stuewe, Rebecca, Elise, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1717 N Bayshore Dr			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Apt 3047			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Miami	FL	33132-1165	1158799.79	
Purpose of Disbursement:		Category/ Type	Date	
Payroll			MM / DD / YYYY 07 / 18 / 2025	
Activity or Event Identifier:				
Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
124.24			467.36	
		=	TOTAL AMOUNT	
			591.60	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500559997</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Target Print & Mail			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 635 W Tennessee St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Tallahassee	FL	32304-7908	241476.53	
Purpose of Disbursement:		Category/ Type	Date	
Printing/Table Numbers and Stickers			MM / DD / YYYY 07 / 09 / 2025	
Activity or Event Identifier:				
2025 Leadership Blue				
FEDERAL SHARE		+	NONFEDERAL SHARE	
30.78			174.41	
		=	TOTAL AMOUNT	
			205.19	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500559998</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Target Print & Mail			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 635 W Tennessee St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Tallahassee	FL	32304-7908	241476.53	
Purpose of Disbursement:		Category/ Type	Date	
Printing/Lead Blue 2025 Signage			MM / DD / YYYY 07 / 09 / 2025	
Activity or Event Identifier:				
2025 Leadership Blue				
FEDERAL SHARE		+	NONFEDERAL SHARE	
49.77			282.01	
		=	TOTAL AMOUNT	
			331.78	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
204.79		923.78		1128.57

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500559999</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Target Print & Mail			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 635 W Tennessee St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tallahassee	State FL	Zip Code 32304-7908	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Printing/Event Credentials & Badges		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
81.10			459.58	
		=	TOTAL AMOUNT	
			540.68	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560133</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Thomas, Sterling, L, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 13270 Corbel Cir Apt 1728			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Fort Myers	State FL	Zip Code 33907-6830	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Stale Check Adjustment		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
- 6.21			- 23.35	
		=	TOTAL AMOUNT	
			- 29.56	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500559972</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Vaughns, Rebecca, , ,			<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 7680 Granada Blvd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Miramar	State FL	Zip Code 33023-5931	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Event/Entertainment		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: 2025 Leadership Blue			241476.53	
FEDERAL SHARE		+	NONFEDERAL SHARE	
45.00			255.00	
		=	TOTAL AMOUNT	
			300.00	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
119.89		691.23		811.12

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: H4  
Transaction ID : 500560133

Original payment made during 2021-2022 cycle with 100% Federal Funds

Form/Schedule:  
Transaction ID:

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500558762</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Vinas, Nora, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1950 Brickell Ave Apt 102			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Miami	State FL	Zip Code 33129-1722	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
709.13			2667.66	
		=	TOTAL AMOUNT	
			3376.79	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560052</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Vinas, Nora, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1950 Brickell Ave Apt 102			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Miami	State FL	Zip Code 33129-1722	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
709.13			2667.67	
		=	TOTAL AMOUNT	
			3376.80	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500560132</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Wells, Nikasha, , ,			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Exempt	
Mailing Address 419 Cresta Cir			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City West Palm Beach	State FL	Zip Code 33413-1043	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Stale Check Adjustment		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Exempt Activity			- 276.00	
FEDERAL SHARE		+	NONFEDERAL SHARE	
- 21.73			- 81.77	
		=	TOTAL AMOUNT	
			- 103.50	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1396.53		5253.56		6650.09

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: H4  
Transaction ID : 500560132

Original payment made during 2021-2022 cycle with 100% Federal Funds

Form/Schedule:  
Transaction ID:



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500558763</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Yisrael, Abigayil, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 15858 Lexington Park Blvd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Jacksonville	State FL	Zip Code 32218-8154	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
563.19			2118.69	
		=	TOTAL AMOUNT	
			2681.88	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560053</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Yisrael, Abigayil, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 15858 Lexington Park Blvd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Jacksonville	State FL	Zip Code 32218-8154	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
563.20			2118.69	
		=	TOTAL AMOUNT	
			2681.89	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 500558764</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Zapata, Jordi, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1312 W Arctic St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Tampa	State FL	Zip Code 33604-1102	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll		<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			1158799.79	
FEDERAL SHARE		+	NONFEDERAL SHARE	
606.00			2279.72	
		=	TOTAL AMOUNT	
			2885.72	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1732.39		6517.10		8249.49

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 500560054</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Zapata, Jordi, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1312 W Arctic St			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Tampa	State FL	Zip Code 33604-1102	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Payroll		Category/ Type	1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
606.00			2279.70	2885.70

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 500560009</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Zoom Video Communications Inc.			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 Almaden Blvd			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City San Jose	State CA	Zip Code 95113-1608	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: Software License Fee		Category/ Type	1158799.79	
Activity or Event Identifier: Administrative			Date <input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2025"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
54.58			205.32	259.90

<b>C. Full Name (Last, First, Middle Initial)</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Category/ Type		
Activity or Event Identifier:			Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
660.58		2485.02		3145.60

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
39935.58		152435.33		192370.91

**SCHEDULE L (FEC Form 3X)****AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : 1SL

NAME OF COMMITTEE (In Full) Democratic Executive Committee of Florida		
NAME OF ACCOUNT Levin - NF		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0.00	0.00
(b) Unitemized .....	0.00	0.00
(c) Total .....	0.00	0.00
2. OTHER RECEIPTS .....	0.00	0.00
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	0.00	0.00
(e) Total .....	0.00	0.00
5. OTHER DISBURSEMENTS .....	30.17	209.93
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	30.17	209.93
7. BEGINNING CASH ON HAND ..... (for Column B, use cash as of January 1st)	8236.22	8415.98
8. RECEIPTS ..... (from Line 3)	0.00	0.00
9. SUBTOTAL ..... (Add Lines 7 and 8)	8236.22	8415.98
10. DISBURSEMENTS ..... (From Line 6)	30.17	209.93
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)	8206.05	8206.05

SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)		PAGE 188 OF 188	
	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input checked="" type="checkbox"/> 5	
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d		

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NAME OF COMMITTEE (In Full)  
**Democratic Executive Committee of Florida**

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
A. TD Bank			<div>M M / D D / Y Y Y Y Y Y 07 / 15 / 2025</div>
Mailing Address 255 Alhambra Cir FL 2			Transaction ID : 500559785
City Coral Gables	State FL	Zip Code 33134-7402	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees			<div>30.17</div>
			Account : 873

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
B.			<div>M M / D D / Y Y Y Y Y Y</div>
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<div></div>
Purpose of Disbursement			Account :

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
C.			<div>M M / D D / Y Y Y Y Y Y</div>
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<div></div>
Purpose of Disbursement			Account :

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
D.			<div>M M / D D / Y Y Y Y Y Y</div>
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<div></div>
Purpose of Disbursement			Account :

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
E.			<div>M M / D D / Y Y Y Y Y Y</div>
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<div></div>
Purpose of Disbursement			Account :

SUBTOTAL of Disbursements This Page (optional).....▶	<div>30.17</div>
TOTAL This Period (last page this line number only).....▶	<div>30.17</div>